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"SALUS POPULI SUPREMA LEX"



CITY OF PORTSMOUTH

ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE YEAR

1946

including

THE REPORT OF THE PUBLIC ANALYST

GROSVENOR PRESS
PORTSMOUTH



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HEALTH COMMITTEE,
1945-46

The Right Worshipful the Lord Mayor :

ALDERMAN A. E. ALLAWAY, J.P.

Chairman :

ALDERMAN A. E. ALLAWAY, J.P.

Vice-Chairman :

COUNCILLOR F. MILES, J.P.

Aldermen :

J. P. D. LACEY, O.B.E., J.P. W. H. ANDREWS A. JOHNSON

Councillors :

R. C. PALMER	MRS. L. E. E. HIGMAN	R. MACK
A. W. WEST	F. G. H. STOREY	W. CLEMENTS
H. BELL	W. H. POWELL, J.P.	J. J. MAHONEY
H. W. FORD	MRS. M. H. CHILDS	H. T. CLIFTON
W. G. EDWARDS, J.P.	J. T. TRIGGS	H. M. SCHOFIELD

The following ladies were co-opted to serve on the Sub-Health
(Maternity and Child Welfare) Committee :

MRS. K. A. RANGER	MRS. R. PARKER, J.P.
MRS. E. G. LACEY	MRS. L. L. ALLAWAY

SENIOR MEMBERS OF HEALTH DEPARTMENT STAFF

(i) WHOLE TIME

Medical Officer of Health,
Chief Administrative Medical Officer to the City Council and
Medical Officer of Health to the Port of Portsmouth

A. B. WILLIAMSON, O.B.E., M.D., M.A., B.SC., CH.B., D.P.H.,
L.R.C.P., L.R.C.S., L.R.F.P. & S.

Deputy Medical Officer of Health and School Medical Officer

T. E. ROBERTS, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Medical Superintendent, Saint Mary's Hospital

R. C. MACPHERSON, M.B., CH.B. (to March)

R. A. ZEITLIN, M.R.C.S., L.R.C.P. (from April)

Medical Superintendent, Infectious Diseases Hospital and
Senior Assistant Medical Officer of Health

I. M. McLACHLAN, M.D., B.S., B.HY., D.P.H.

Tuberculosis Officer and
Senior Assistant Medical Officer of Health

J. G. CAIRNS, M.B., CH.B., D.P.H.

Medical Director of Mass Radiography Unit

I. M. McLACHLAN, M.D., B.S., B.HY., D.P.H.
(Part Time to March)

J. D. LENDRUM, M.B., CH.B., D.P.H.
(Full Time from April)

Medical Referee to the Council,
Medical Officer of the Blood Transfusion Service

R. A. ZEITLIN, M.R.C.S., L.R.C.P.

Deputy Medical Superintendent, Saint Mary's Hospital

R. A. ZEITLIN, M.R.C.S., L.R.C.P. (to March)

W. S. WOOLNER, M.D., C.M., L.M.S. (from June)

Maternity and Child Welfare Officer

RUBY N. E. PIKE, M.B., CH.B.

Medical Officer in Charge, Diphtheria Immunisation and Infestation Clinics

G. E. SHAND, M.D., CH.B., D.P.H.

Veterinary Officer

R. SCOULAR, M.R.C.V.S.

Chief Clerk

L. C. ROGERS, Cert.S.I.B., M.R.San.I .

Chief Sanitary Inspector

W. F. APPLETON, M.R. San.I., M.S.I.A.

Senior Health Visitor

MISS D. M. POULSON, S.R.N., S.C.M.

Health Department Almoners

Tuberculosis MISS M. J. WEBBER, A.I.A.

(a) Illegitimate Children }
(b) Venereal Diseases Clinic } MISS E. M. J. COOPER, A.I.A.

(ii) PART TIME

Visiting Consultants to the Corporation Hospitals

Consultant Physician

R. J. LYTLE, M.D., CH.B., B.A.O.

Consultant Surgeon

N. P. C. LUMB, O.B.E., M.S., M.B., F.R.C.S., L.R.C.P.

Consultant Ear, Nose and Throat Surgeon

E. COWPER TAMPLIN, M.C., L.R.C.P., F.R.C.S., D.L.O.

Consultant Obstetrician

T. BARNETT, M.D., F.R.C.S., M.R.C.O.G., M.M.S.A.

Consultant Ophthalmologist

W. H. SUMMERSKILL, M.B., B.S., D.O., L.M.S.S.A.

Consultant Orthopaedic Surgeon

C. M. MURRAY, F.R.C.S., M.B., CH.B.

Consultant Dermatologist and Medical Officer of Venereal Diseases Clinic

A. MURRAY STUART, L.R.C.P., F.R.C.S.

Consultant Radiologist

R. C. STALEY, M.R.C.S., L.R.C.P., D.M.R., L.D.S.

Consultant Anaesthetist

H. B. C. SANDIFORD, M.R.C.S., L.R.C.P., D.A.

Pathologist

J. A. D. RADCLIFFE, M.B., CH.B., B.A.O., R.U.I., D.P.H.

Public Vaccinators

P. HAYES, L.R.C.S., L.R.C.P., L.R.F.P. & S.

A. B. DOYLE, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M.

Dental Surgeon to Saint Mary's Hospital

H. LAWRENCE, L.D.S., R.C.S.

Public Health Department,
Municipal Offices,
1 Western Parade,
Southsea.

To the Chairman and Members of the Health Committee.

Mesdames and Gentlemen,

At the request of the Ministry of Health, the Report on the Health of the City for 1946, which I have the honour to present, is an interim one only, in view of the post-war conditions and the need for strict economy in the use of paper. The present Report is, therefore, confined to essential and urgent matters which have affected the Public Health of Portsmouth during the year.

HEALTH STATISTICS

(Pages 33—34)

The statistics for 1946 were influenced by the gradual return to the City of more of its citizens who had evacuated during the previous years, by the demobilisation of large numbers of ex-service men and women, and by the unprecedented overcrowded conditions under which a large section of the population was obliged to live, due to the destruction by enemy action of several thousand dwelling houses and the cessation of building during the war years.

The following main features of interest present themselves for the year under review :—

1. A slight increase in the birth rate from 23.40 in 1945 to 23.69 per 1,000 population, as compared with an average birth rate of 16.05 for the 10 years, 1928-37, and as compared with 19.1 for England and Wales for 1946.

2. A decrease in the general death rate from 13.80 in 1945 to 12.13 per 1,000 population, as compared with an average death rate of 12.21 for the 10 years, 1928-37, and as compared with 11.5 for England and Wales for 1946.

3. A decrease in the death rate from all forms of tuberculosis from 0.82 in 1945 to 0.66, as compared with an average of 0.89 for the 10 years, 1928-37.

4. An increase in the maternal mortality rate from 0.69 per 1,000 total births to 1.00, as compared with an average maternal mortality rate of 3.00 for the 10 years, 1928-37, and as compared with 1.43 for England and Wales for 1946.

5. A decrease in the neo-natal mortality rate from 21.69 per 1,000 live births to 20.84, as compared with 24.76 for England and Wales for 1945.

6. A decrease in the infantile mortality rate from 42.67 per 1,000 live births to 34.05 (the lowest on record), as compared with an average infantile mortality rate of 53 for the 10 years, 1928-37, and as compared with 43 for England and Wales for 1946.

7. A decrease in the illegitimacy rate per 1,000 total births from 99.4 in 1945 to 78.4, as compared with an average rate of 63 for the 10 years, 1934-43, and as compared with 65 per 1,000 live births for England and Wales for 1945.

8. A decrease in the cancer death rate from 2.33 per 1,000 deaths in 1945 to 1.96, as compared with an average cancer death rate of 1.54 for the 10 years, 1928-37.

9. A decrease in the death rate from the principal infectious diseases from 0.17 per 1,000 population in 1945 to 0.07, as compared with an average death rate of 0.35 for the 10 years, 1928-37, and as compared with 0.20 for England and Wales for 1945.

Briefly, the birth rate, maternal mortality rate, neo-natal mortality rate, infantile mortality rate, the tuberculosis death rate and the death rate from the principal infectious diseases, each show an improvement, compared with the pre-war period, whilst the general death rate, the cancer death rate and the illegitimacy rate have not yet dropped to their pre-war level after their initial rise in the early part of the war.

The vital statistics of Portsmouth for 1946, the first complete year of peace after a bitter war are, therefore, encouraging—better than most of us had expected from our experience after the first world war. A system of food rationing and controls, which ensured a more even distribution of the necessities of life than would otherwise have been the case, a better knowledge of food values, the issue of special allowances of milk and protective foods to mothers and young children, a more ready acceptance by the public of the simple principles of healthy living and of the need for a periodical health check, and the recent discoveries of medical science, are amongst the main contributory factors.

Much remains to be done. Preventible illness due to tuberculosis, venereal diseases and some of the infectious diseases can, and must, be reduced still further. There is no reason why, given better hospital and clinic facilities and more staff to take advantage of recent developments in medical science, we should not reduce still further the maternal and infantile mortality rates; we have not yet reached the lowest level possible. The cause of cancer has still to be discovered, but even with our present knowledge the present death rate could be decreased by the provision of more comprehensive facilities for earlier detection, diagnosis and treatment on a regional basis, as envisaged in the new National Health Service.

In addition, the statistics in this Report record only deaths and the notifiable infections and the more serious diseases. They do not include the vast amount of non-notifiable minor ill-health which causes much

suffering and unhappiness and reduces output through absence from work. Especially in these days, when the return to national prosperity depends to such a large extent on increased output, we must not rest until the causes of much of our preventible minor ill-health are investigated and eradicated.

Nutrition

The only statistics available in regard to the standard of nutrition in the City during 1946 relate to school children, and these show that the nutrition of school children has definitely improved, as compared with the pre-war period, thanks in large measure to school meals and milk, although the improvement during the year under review was only slightly greater than that for the previous year. The school children in 1946 were definitely of better physique than the corresponding children before the war. From general observations at the various clinics by the medical officers and health visitors over the last 10 years it is considered that the nutrition of expectant mothers and of infants and toddlers up to school entry age has also shown a gradual improvement. In regard to the remaining larger part of the population, until a nutritional survey can be carried out, no reliable statement can be made as to the effect of food rationing. My own observations would indicate that, with the exception of individual cases, chiefly amongst the older age groups, the nutrition of the population generally remained good during the year under review. It is reasonable to assume, too, that the low incidence and mortality rates during 1946, quoted at the beginning of the Report, would hardly be consistent with a deterioration of nutrition in the population generally. In this connection it is of interest to note that rapid surveys of the clinical state of nutrition of cross-sections of the population in this country were carried out during 1946 by expert medical officers of the Ministry of Health, "that 5,938 people were examined and the percentage in the three assessment groups was—good, 94 per cent; fair, 5.7 per cent; and poor, 0.3 per cent. No definite evidence of existing deficiency disease was observed in any person."

The National Health Service Act

On November 6th of the year under review an important milestone in the progress of Public Health in this country was passed when the National Health Service Act, to provide for the establishment of a comprehensive Health Service, as and from the appointed day, April 1st, 1948, was placed on the Statute Book. In its scope and in the far-reaching beneficent influence which it will have on the health and welfare of the nation the Act may be said to be the greatest since the beginnings of Public Health almost exactly one hundred years ago. A full account of the changes which it will bring about in Portsmouth will be given in my 1947 Report, but I should like, in passing, to refer to one important defect inherent in the Act which we must do our best to remedy as far as possible, namely, that the administrative structure to be set up is divided into three separate and distinct parts, (a) hospital and specialist, (b) general practitioner, and (c) Health Authority, services. Whilst provision has been made for cross-

representation at the Committee level amongst these three administrative units and the Minister has responsibility for all three, at officer level each administrative unit is separate. To take a few examples by way of illustration: An expectant mother, while attending the municipal ante-natal clinic or domiciliary midwife will come under the Health Authority, but when she enters the maternity ward for her confinement, she will pass over to the hospital and specialist service. Similarly, the environmental and social side of a tuberculosis case will be the concern of the Health Authority through their tuberculosis health visitor, but when the patient attends the chest clinic or enters a sanatorium he will come under another administrative unit, namely, the hospital and specialist service. When a citizen contracts an infectious disease, investigation into the cause and spread of the infection at home is the responsibility of the Health Authority, but the moment he enters the infectious diseases hospital he will come under the hospital and specialist service. It is, therefore, important that, if we are to establish a fully co-ordinated Health Service and thus reap the full fruits of the Act, there should be close and strong administrative links at officer level between the three units.

In the following text the figure in brackets denotes corresponding number or percentage for the previous year.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

(Pages 36—67)

There is nothing of importance to report in regard to the incidence of infectious diseases during the year, apart from an increase in the number of cases of cerebro-spinal meningitis, of which twenty-two cases were notified, as compared with six in 1945. Preparations were in hand to deal with an outbreak of influenza, and a scheme was ready whereby medical officers of the fighting services in the area would assist civilian doctors, and nurses and domestic helps would be provided by the voluntary organisations, but fortunately no outbreak occurred.

The usual fluctuations occurred in some types of infectious diseases, *e.g.*, there was an increase in whooping cough, 358 cases as against 245 for last year, with two deaths as compared with three, and a decrease in the incidence of typhoid and paratyphoid fever, three cases as compared with nine for last year and no deaths; six cases of non-indigenous malaria as compared with three in 1945, the increase being due to the return of more service men from abroad.

The incidence of diphtheria continued to be low, although there was a slight increase as compared with last year, with no deaths—the happy result of the immunisation campaign of the past few years.

During the year 13 Portsmouth people who had visited Aberystwyth during the outbreak of typhoid there were maintained under surveillance during August. In addition, one known typhoid carrier and one known paratyphoid carrier were visited at intervals during the year and specimens

of faeces and urine were sent for bacteriological examination. The results showed presence of the causal organisms, and they were given directions not to engage in the preparation or handling of any food outside their domestic duties. Two other persistent salmonella typhi murium carriers occurred during the year and were kept under surveillance. All carriers willingly co-operated in the measures taken to prevent the spread of infection.

During the year no case of smallpox fortunately occurred in the City, but 52 contacts of two cases of haemorrhagic smallpox on board vessels arriving at Liverpool were kept under surveillance for the requisite period. As a precautionary measure vaccination or re-vaccination was offered to all medical officers, sanitary inspectors, ambulance drivers and attendants, disinfectors and nurses and domestics who would be associated with a case of smallpox occurring in Portsmouth. By joint arrangement with Gosport Municipal Borough, any such case would be admitted to Elson Hutted Hospital, Gosport, which would be staffed and administered from our Infectious Diseases Hospital at Milton.

DIPHTHERIA IMMUNISATION (Pages 42—44).

It will be noted that 1,130 children more than in 1945 were completely immunised during the year. Although there was a slight increase in the percentage of school children immunised (97.8 as compared with 95.3), there was a decrease in the number of under fives immunised (44.2 as compared with 53.3). On December 31st, 1946, the percentage of children under 15 who had been immunised was 65.8, as compared with a corresponding figure of 58 for the country as a whole in 1945, the latest year for which figures are available.

This increase has been due to the good foundation laid by the mobile clinic three years ago, and now to the large network of clinics established throughout the City. The mobile unit still functions in the outlying districts, and calls at the homes in response to requests sent to the Health Department.

The percentage of under fives immunised at schools was 24.7 and my thanks are due to the Chief Education Officer and the school teachers for their continued co-operation. Doctors, health visitors and school nurses also have done good work by personal approach to parents.

During the year only 14 children, four of whom were under five years, and the remainder of school age, were admitted to the Infectious Diseases Hospital suffering from diphtheria, as compared with a yearly average admission of 443 during the 10 years period (1926-1935), before immunisation was carried out on a large scale. Of the 14 children admitted six had been immunised (three of them more than four years previously), but in all six the course of the disease was mild. There were no deaths.

As to the future, it is hoped that by continued advertisement and publicity and by a more intensive approach by the health visitors, when more can be appointed, a greater number of under fives will be brought forward for immunisation.

WHOOPIING COUGH IMMUNISATION (Page 44).

On page 44 are described the results of the uncontrolled experiment mentioned in my Report last year. The numbers immunised are, of course, too small and the period too short to justify definite conclusions being drawn, but the results are sufficiently encouraging to warrant an extension of the experiment to larger groups of children in the City.

TUBERCULOSIS (Pages 53—60).

The downward trend of tuberculosis mortality, which began last year after a rise during the war, continued during 1946, and the number of deaths, as corrected by the Registrar General, from all forms of the disease, was 134 (pulmonary 116, non-pulmonary 18), as compared with 147 (pulmonary 117, non-pulmonary 30), in the previous year, when the population at risk was less. Expressed in death rates, the death rate from all forms of the disease was 0.66 (pulmonary 0.57, non-pulmonary 0.09)—the second lowest on record—compared with 0.82 (pulmonary 0.65, non-pulmonary 0.17) during 1945. The decrease is attributed largely to fewer deaths from tubercular meningitis in the non-pulmonary form of the disease and especially in both sexes of 0-5 years—a hopeful sign that with improvement in the housing situation there was less risk to infants and toddlers living with infected parents.

The number of new cases notified during 1946 as suffering from the pulmonary form of the disease was 450, as compared with 498 during last year, the decrease being manifest chiefly in both sexes from ages 15-25 years, in females from 25-35 years, and in males from 35-55 years. There was, however, an increase in the incidence of the non-pulmonary form, 77 cases as compared with 62, the increase being manifest chiefly in females from 5-15 years, and from 25-35 years, due to improved facilities in the diagnosis of the disease.

The volume of work carried out at the Dispensary increased considerably during the year, due in large measure (*a*) to the development of the special forms of treatment, *e.g.*, artificial pneumothorax, adhesion cautery, and B.C.G. vaccination, and (*b*) to many more cases being referred for opinion (58 per cent of whom were found to be not suffering from the disease) and (*c*) to the examination of more contacts.

The good work of the Tuberculosis Service was handicapped, as in the country generally, through lack of institutional accommodation due to shortage of staff, both nursing and domestic, and to the temporary closing down of one of the wards at the Infectious Diseases Hospital for war damage repairs.

Portsmouth's enthusiastic Tuberculosis Care Committee continued to increase its scope and influence to form a very valuable adjunct to the Tuberculosis Service in supporting and assisting all measures for the prevention and care of tuberculosis in the City, and in making use of all existing agencies for the restoration of patients to health and independence. Especially in regard to the rehabilitation of patients was the Care Committee

helpful in reinforcing the good work carried out by the Almoner. Close relationship was maintained with the Ministry of Labour, and suitable cases were referred for training.

The Scheme of Allowances brought into operation by the Health Committee under Ministry of Health Memo. 266/T in September, 1943, was continued during the year, the number of cases at the beginning of the year in receipt of the allowances being 309, and at the end of the year 166, representing a percentage of 8.5 of patients on the register, as compared with 17.2 at the beginning of the year. The total payments made during 1946 by the Council amounted to £16,256 9s. 8d., but this sum is wholly reimbursed by Government grant.

B.C.G. VACCINATION AGAINST TUBERCULOSIS.

The preliminary results of an uncontrolled experiment carried out by Dr. Cairns, the Clinical Tuberculosis Officer, to test the efficacy of B.C.G. Vaccine, are given on pages 54—56. Ever since the discovery, in 1881, of the tubercle bacillus, the causal organism of tuberculosis, hope has never been abandoned that some day we would discover a vaccine which would give the same successful results as have recently been achieved in regard to vaccination against smallpox and immunisation against diphtheria. There have been many experiments, both in this country and abroad, but for technical reasons the problem of producing a satisfactory vaccine against tuberculosis has been more difficult. In Portsmouth in 1911 the Health Committee, on the advice of my predecessor, Dr. Mearns Fraser, established the Tuberculin Dispensary at Anglesea Road, and tuberculin, which is the product of the artificial growth of the tubercle bacillus, was given a good trial. The results, however, were disappointing here, as elsewhere, at that time.

Calmette and Guerin succeeded in converting an originally virulent strain of bovine tubercle bacilli into one which was very nearly non-virulent. This vaccine became known as B.C.G. Vaccine (Bacillus of Calmette and Guerin). Successful at first in inoculating calves against tuberculosis, they were encouraged to begin the immunisation of infants in France in 1922. The results of Calmette's experiments, however, were received with scepticism by medical men in this country. Before, and during the last world war, Professor Wallgren of Sweden, employing a modified technique with the same vaccine, claimed to obtain more convincing results. Thanks to facilities opened up by Mr. Julian Snow, M.P., during a recent visit to Sweden to study health conditions there, arrangements were made to carry out B.C.G. immunisation in Portsmouth. Since June, 1946, a limited supply of the vaccine was received each week by air from Professor Wallgren, and Dr. Cairns has been conducting a special Immunisation Clinic each Saturday at the Chest Clinic. A circular was sent to all medical practitioners in the City inviting their co-operation and an article was inserted in the local press. Persons for immunisation are carefully selected, and are mainly young children or adults at present free from tuberculosis, and who either have a

predisposition to the disease, or are exposed to a greater risk than normal of becoming infected. Susceptibility is ascertained beforehand by a simple skin test. To immunise, one injection is given and the person is again tested after about six weeks. By this time an artificial relative immunity against tuberculosis should be acquired and should normally last a few years. The vaccine is not expected to give absolute protection, but it should prevent the severest forms of primary tuberculosis when the person is exposed to a natural spontaneous infection, as he will be sooner or later under our conditions of civilisation.

The initial results given on pages 55—56 cover the period until March, 1947, a period too short and the numbers too small to enable a proper appraisal to be given, but they indicate that immunisation by B.C.G. vaccine is quite safe and justifies continuation on a larger scale. There are signs that a renewed interest in the use of vaccine is taking place in this country amongst the medical profession. During the year under review a deputation of medical representatives from the three Tuberculosis Organisations interviewed the Chief Medical Officer of the Ministry of Health and requested the Minister of Health to make B.C.G. Vaccine available for trial in this country. The Chief Medical Officer received the deputation with sympathy and agreed to investigate the possibility of a suitable B.C.G. vaccine being prepared in this country and made available for use. This is good news and may mark the beginning of a new and more hopeful era in the fight against tuberculosis.

MASS RADIOGRAPHY (Pages 61—67).

In accordance with our arrangement with the Ministry of Health, the Portsmouth Unit has to be lent to neighbouring Authorities until the present shortage of labour and materials will allow more units to be put into operation in the country. Since July, 1944, when the Unit was formed, until December, 1945, the Unit operated in Portsmouth and in January of the year under review it moved out into the County area, returning to its base for only three months of the year. With the demobilisation of the Forces it was possible to appoint, in April, a full-time Medical Director, as was originally intended, and thanks are due to Dr. McLachlan, Medical Superintendent of the Infectious Diseases Hospital, for having filled the breach and enabled the Unit to get under way in the earlier years.

Dr. Lendrum's report of the work of a busy year summarises the results of all areas in which the Unit has operated. There can be no doubt that the results justify the expense and that Mass Radiography has come to stay. It constitutes one of the most fruitful applications of preventive medicine, in that the chests of apparently normal individuals are periodically X-rayed, and, if necessary, a clinical examination made so, that any departures from normal are detected and treated in the most curable stage. The date should not be too far distant when facilities for the periodical medical examination of all citizens will be available, not only of the chest but of every system of the body.

During the year the Unit uncovered 150 previously unsuspected, but active, cases of pulmonary tuberculosis at the stage when the chances of cure are much more favourable. This represents a rate of 3.9 per 1,000 individuals examined, which falls within the ambit of the three to four persons per 1,000 reported by the Ministry of Health to be the findings of the 17 other units operating in the country. The period of highest incidence is shown to be early adolescence for women and over 45 for men.

The Unit was also responsible for bringing to light other unsuspected diseases and abnormalities, thus enabling early treatment to be commenced.

When an additional mobile dark-room van, which has been on order from the Ministry of Health for some time, arrives, the output of the Unit, which last year reached the high average of 810 per week, should be still more speeded up, and a wider field of usefulness will be opened up to the Unit, where, hitherto, considerations of access and transportability rendered the visit of the Unit impracticable.

As stated by the Medical Director, health education of the employers and employees alike is essential, and in Portsmouth during the year under review every opportunity was taken in the course of many health talks given by members of the Health Department staff to convey to the audiences the proper conception of the nature of tuberculosis, its means of spread and the part played by the individual in its early detection.

VENEREAL DISEASE (Pages 48—52).

As was anticipated, due to the return from abroad of large numbers of Service men released from the Forces, there was a marked increase in the incidence of both syphilis and gonorrhoea in males. Similarly, to a smaller degree, there was a corresponding increase in female cases.

The number of cases of congenital syphilis diagnosed during the year was 22, as compared with 13 during 1945. The increase was probably due to the improved facilities for diagnosis which were instituted in 1946 when, for the first time, routine blood tests were taken from all mothers in the ante-natal clinics. Of a total of 3838 tests carried out 1.7% were returned as positive and in the majority of these cases there were no clinical symptoms. This measure has ensured that mothers have been referred to the Venereal Diseases Clinic as early in pregnancy as possible, thus lessening the risk of infection to the unborn child. In view of the inadequate legislation protecting children from congenital syphilis, representation was made to the Ministry of Health in August, 1946, suggesting that congenital syphilis should be made notifiable and treatment made compulsory. Although the principle was favourably received, it was thought that it would involve legislation and administration of a very elaborate nature in order to deal with the small number of cases annually in the country, *i.e.* 300 new cases under one year old.

Much pioneer work has been carried out by the Almoner in the field of social work in tracing of contacts and reducing the rate of defaulters from

43% to 39%. It would seem advisable, however, that if further progress is to be made, social work should be extended to cover male patients as well as female patients. In a very small number of cases the Almoner has visited the husband of a female patient, because, obviously, unless both partners attend, it is useless to continue treatment.

REGULATION 33b.

There have been fewer cases notified under this Regulation, *i.e.*, eight notified once, as compared with 17 in 1945, and three notified twice, as compared with two in 1945. Again, demobilisation may have influenced these figures. A man or woman is probably more easily persuaded to name his or her contact when in the Services and serving in a strange part of the country than if he or she were living in their own home town where there might be future repercussions. However, a higher proportion of the infected patients have attended regularly for treatment due to the close follow up by the Almoner.

PARASITIC INFESTATION (Pages 45—47).

The effective control of infestation in Portsmouth is the result of excellent team work between :—

- (i) the reporting agents, *i.e.*, private medical practitioners, medical officers at the various Clinics (School, Maternity and Child Welfare, Tuberculosis, etc.) who refer cases to the Infestation Clinic at the Infectious Diseases Hospital ;
- (ii) the investigation agents, *i.e.*, sanitary inspectors, who visit the homes or places of work and arrange for the sufferers or suspected sufferers and all the personal contacts to come to the Infestation Clinic ;
- (iii) the Medical Officer in charge of the Infestation Clinic, who diagnoses and treats, and is responsible for the detailed administration of the scheme ;
- (iv) The Medical Officer of Health, who co-ordinates the team work generally, and, when necessary, serves notices under the Scabies Order on any recalcitrants who constitute a danger to the community.

In the investigation of contacts thoroughness is the keynote to success— one untreated contact may easily undo all the work of the team.

All treatments at the Infestation Clinic are by appointment, and much appreciation is expressed by the patients who find this method an invaluable time-saver.

The powers of the Scabies Order in the control of both scabies and pediculosis (lice) have been most effective, the total number of notices served being 63, and the prosecutions 7.

(a) SCABIES.

The return of Service men and women, many of whom gave histories of having had scabies in the Services, was responsible for an increased incidence of scabies in the early part of the year, although the final figures for the year, *i.e.* 1,179, showed a reduction of 64 cases as compared with the year 1945. The percentage of school children treated at the Scabies Clinic was 2.5, as compared with 2.9 in the previous year. The abolition, three years ago, of disinfestation of bedding and clothing has been justified in the light of experience.

(b) PEDICULOSIS (LICE).

That the home and not the school is the reservoir of lice infestation is well illustrated by the report of the Infestation Clinic Medical Officer. Thanks largely to the practice adopted a few years ago of bringing up the whole family for examination and treatment, if necessary, we are making sound progress in the eradication of this "dirt disease." The number of families which had to be treated last year was 200, as compared with 379 for the previous year. In all the families examined as a result of an infested school child at least one adult member was found also to be infested, a fact which illustrates the futility of treating the child only and not his home contacts as well.

CANCER

There was a decrease in the death rate from all forms of cancer, 1.88 per 1,000 population, as compared with 2.33 for 1945. The decrease in the number of deaths was most marked in the age-groups 65 years and over, and in the age-group 45 to 65 years. There were fewer deaths from cancer of the oesophagus and buccal cavity, but an increase in deaths from cancer of the uterus and cancer of the stomach and duodenum in women.

Following the passing of the National Health Service Act in November, 1946, discussions between the local authorities in the Wessex area were resumed in regard to the provision of a joint cancer service. At a conference held on December 7th, at Southampton, it was agreed to form a Joint Planning Committee for the purpose of setting up an organisation for the treatment of patients by radiotherapy.

MATERNITY AND CHILD WELFARE.

(Pages 68—77).

MATERNAL MORTALITY

The maternal death rate during 1946 increased from 0.69, which was the lowest on record, to 1.00 per 1,000 births, as compared with an average maternal mortality rate of 3.0 for the ten years, 1928-1937, and as compared with 1.43 for England and Wales for 1946.

The increased birth rate and the unsatisfactory overcrowding conditions, under which a large section of the population was living, brought problems in regard to the welfare of the expectant mother and arrangements for her confinement, which were met by increasing the number of domiciliary midwives and by extending the maternity bed accommodation at Saint Mary's Hospital. The present number of beds available is 71 at Saint Mary's Hospital and 23 at the Royal Naval and Royal Marine Maternity Home.

INFANT MORTALITY

The downward trend during the past five years of infant mortality, which is perhaps the most sensitive index of the health of a community, reached its lowest level during the year under review, namely 34.05 per 1,000 live births, as compared with an average infant mortality rate of 53 for the ten years, 1928-1937, and as compared with 43 for England and Wales for the year 1946. Many factors have contributed towards this satisfactory result, not the least of which have been the developing Maternity and Child Welfare Services which were established in Portsmouth in 1915. An analysis of the causes of death (page 74), however, shows that the infant mortality, low as it is compared with a rate of 135 sixty years ago, is capable of still further reduction. Respiratory infection which was responsible for 35 deaths can, and must, be reduced by better and less overcrowded housing conditions which would enable every child to sleep in a separate cot or, better still, in a separate room from its parents. The provision of a "Cot and Pram Fund," mentioned by the Almoner in her Report, to help needy mothers to provide this separate sleeping accommodation is a step in the right direction. Gastro-enteritis claimed 10 infant deaths, some of which might have been avoided by greater perseverance in breast feeding and by better education of the mother on hygiene in the home. The death rate from prematurity is still too high and is a challenge to our medical services to improve still further our arrangements for the care of premature infants.

FURTHER DEVELOPMENTS.

With the return of more of the population and with the increasing appreciation by the public of the Maternity and Child Welfare Services, it became necessary during the year, in order to avoid overcrowded child welfare and ante-natal clinics, to make arrangements to increase the number of sessions. The Council agreed to extend the Maternity and Child Welfare Services by the appointment of another full-time medical officer, three health visitors and the establishment of three additional ante-natal clinics and three additional post-natal clinics.

Towards the end of the year under review consideration was being given to a request from the Ministry of Health for Portsmouth to establish a school for the training of health visitors.

To meet the present need for more residential accommodation for children up to five years of age, the Committee agreed to purchase two large residences in Southsea and convert them into a residential nursery to accommodate 35 children. Another house has been earmarked as a hostel for

unmarried mothers to be run in conjunction with the Portsmouth Diocesan Council for Moral Welfare.

The Report of the Almoner on pages 75—77 illustrates the useful part which can be played in ameliorating the lot of the unmarried mother or the married mother and her illegitimate child, and would indicate the need to apply the same sociological approach to other sections of our Health Services.

DAY NURSERIES.

During the past year the five existing day nurseries in Portsmouth, namely, Garfield Hall, Garfield Road (40); Cliffdale, London Road, Cosham (60); St. Peter's, Somers Road South (46); Twyford Avenue, Stamshaw (40); and Bramble Road, Southsea (60); have continued to play an important part in the care of young children within the 0-5 years age group. While the Ministry of Health circular on nursery provision recommends the admission of all types of children, the present accommodation, however, will only allow for the admission of those children who depend solely on their mothers for support.

The demand for vacancies is found to be as great as during the war period, and at no time during the year did the waiting list fall below 150 children. Approximately 600 applications were received in 1946.

In accordance with Ministry of Health instructions, the transfer to the Corporation of the responsibility for the maintenance of day nurseries in the City took place on the 1st April, 1946, when the Government grant was reduced from 100% to 50.4%.

The report setting out the decisions of the Council on future nursery provision in the City was submitted to the Ministry of Health in March, 1946, but although it was agreed to return the premises occupied by the Bramble Road Nursery to the Education Committee for use as a combined Infants' and Nursery School, it has not been possible to do so. Alternative premises at the old Tuberculosis Dispensary, Anglesea Road, were secured and approved by the Ministry of Health, but the work of adaptation has been held up by the Ministry on account of the shortage of labour and materials.

Every endeavour has also been made to transfer the nursery at Garfield Hall in view of the many requests to vacate received from the owners, in order that the premises may return to their pre-war activities.

RESIDENTIAL NURSERIES

There has been no evacuation of children to these nurseries since 1945, and at the present time only two children under five years of age are accommodated. Owing to the circumstances of the parents it has been found impossible to return these children to their home addresses.

HEALTH CENTRES.

Further consideration of the comprehensive scheme for the establishment of health centres in the City, details of which were given in my Report last year, was deferred pending the passing of the National Health Service Act.

A site for the first new Health Centre has been earmarked in the new Paulsgrove Housing Estate, to serve the needs of some 10,000 people who will be accommodated there, and as soon as the machinery under the new Health Act is set up, consultations will take place between the Local Health Authority, the Local Executive Council and the Regional Board as to the exact form which the Centre should take.

HOSPITAL SERVICES.

(Pages 37—41, 53 & 78—81).

As was expected, with the return to more normal conditions the year 1946 witnessed a general increase in the work of all three Health Committee Institutions, Saint Mary's Hospital, Infectious Diseases Hospital and Langstone Sanatorium.

PERSONNEL

(a) Nurses.

Almost every branch of hospital activity was affected in varying degree by the serious shortage of nurses, and the following is a summary of the efforts made by the Committee to effect a remedy :—

(i) NURSES RECRUITMENT CAMPAIGN. In co-ordination with the then Ministry of Information, a local campaign for the recruitment of nurses was held in the early part of 1946. All hospitals and associated nursing organisations co-operated and an Exhibition of Nursing was held, which depicted all phases of the work and training of Portsmouth nurses. The exhibits were cleverly and ingeniously presented to show the work of the Royal Hospital, Saint Mary's Hospital (both midwifery and general training), St. James' Hospital for Nervous and Mental Diseases, the Infectious Diseases Hospital and the Eye and Ear Hospital. The exhibition also covered Day Nursery training and the work of the Victoria Nursing Association.

Altogether 4,149 people passed through the exhibition, and conducted tours of "school leavers" were arranged through the Education Department. The Ministry of Information placed at our disposal for the period an operator and complete film equipment, and arrangements were made for periodical showings of the film "Student Nurse" at various senior schools and junior organisations of the British Red Cross and the St. John Ambulance Brigade. Parents were invited to these meetings, and senior members of the nursing staffs of the various Hospitals were present to answer questions in connection with the training of the student nurse.

The various Hospitals had "open" days, to enable prospective students and/or their parents to visit and ascertain for themselves the conditions under which training would take place.

Although the desperate need for nurses was not materially eased as a result of the campaign, the excellent co-ordination shown by

all Hospitals proved to be a wonderful stimulus to all, and it was felt that rewards for the efforts made would be evident at a later stage.

(ii) WARD ORDERLIES. To meet immediate needs our next attempt was to introduce a system of Ward Orderlies into each of the three Hospitals, with a view mainly to relieving the nursing staff of menial duties of the ward. There was a good response.

(iii) MALE STUDENT NURSES. The release from the Forces of many service-men, who had had some experience in nursing, enabled us to extend the existing Male Nurses' Training School at Saint Mary's Hospital. There is, happily, no shortage of applicants for this type of course.

(iv) PUPIL ASSISTANT NURSES. By way of encouraging women who, though unable to reach the theoretical standard of a trained nurse, are nevertheless good at practical nursing, application was made under the Nurses' Act, 1943, to the General Nursing Council to institute a training school for pupil assistant nurses at Saint Mary's Hospital. Approval was given and arrangements made, but the course had to be abandoned owing to the dearth of applicants.

(v) PART-TIME NURSING. Latterly it became evident, in view of the changed post-war economic and social conditions, that it was impossible to reach anywhere near the complement of full-time nurses at all three Hospitals, and the Committee decided to extend their existing arrangements for the employment of qualified part-time nurses, which had been begun the previous year, and to introduce a system of part-time nursing attendants, based on the Gloucestershire scheme, to relieve the trained nursing staff of duties requiring only a minor degree of nursing skill, especially in connection with the care of the chronic sick, including mental cases. The response has been excellent, and the part-time nursing scheme might prove to be the best solution of the problem of nursing shortage.

The Committee gave much thought to the question of increasing and improving the accommodation and amenities for the nursing staff at Saint Mary's Hospital. Plans for the reinstatement of the Nurses' Home, which was partly destroyed by enemy action, were approved. A part of the Nurses' Home at the Infectious Diseases Hospital was set aside for 16 Saint Mary's nurses, and the existing accommodation in the huts built before the war was improved. In addition, as many trained staff as possible were permitted to live outside.

(b) Medical Staff Advisory Committee.

In order to give the medical staff, both whole-time and part-time, a greater interest in Saint Mary's Hospital and the Infectious Diseases Hospital, and to enable the Health Committee to receive the benefit of their opinions, a Medical Staff Advisory Committee, composed of representatives of the

resident staff, including the Medical Superintendent, and of the visiting consultants, was appointed during the year. Provision is made for any of the Advisory Committee's recommendations to be considered by the Health Committee, and for a representative to be present at the meeting when recommendations are discussed, due notice of any recommendation to be given to the Chairman and Vice-Chairman of the Health Committee and to the Medical Officer of Health beforehand. When matters affecting the Infectious Diseases Hospital are discussed, the Medical Superintendent of that Hospital is to be included in the Medical Staff Advisory Committee.

SHORTAGE OF BED ACCOMMODATION

The classes of patients for whom accommodation was most limited were tuberculosis cases, the chronic sick and maternity cases. Based on modern standards, the total number of beds of all types deficient in the City, after taking into account existing beds in all hospitals and private nursing homes, is estimated to be about 600. If the needs of the areas bordering Portsmouth, which are also served by Portsmouth Hospitals, are considered, the deficiency is correspondingly greater. This shortage will tend to increase in the next few years, in view of recent advances in medical diagnosis and treatment, for which only a hospital can provide the necessary facilities, and in view of the unsuitability of many homes for sick nursing, due to overcrowding and the employment of more women in industry. The remedy is, of course, the establishment of the new Hospital Centre at Purbrook outside the City, mentioned in my previous Annual Reports. Steps taken during the year to relieve the situation included the temporary acquisition by the Royal Hospital of beds at Queen Alexandra Hospital, the acceleration of turnover of bed accommodation by transferring general hospital cases to Wenham Holt Convalescent Home, and by discharging cases earlier to their homes for supervision by the general practitioner with the assistance of the Queen's District Nurses, or in the case of tuberculosis patients, by their supervision at the Dispensary by the chest physician and in their homes by the health visitors.

DEVELOPMENT OF SAINT MARY'S HOSPITAL

With each stage of its development since its appropriation in 1933, Saint Mary's Municipal General Hospital has played an increasing part in the Health and Hospital Services of the City. The earlier improvements included re-organisation and augmentation of the resident medical and nursing staffs, the appointment of a large consultant part-time staff, the modernisation of equipment and the establishment of special departments—X-ray, Maternity (ante-natal and post-natal), Skin, Physiotherapy, etc.

The year 1946 witnessed the addition of another new department, namely, the Catering Department, to give both patients and staff the benefits of recent scientific advances in dietetics. The Catering Officer is in charge of this department and is responsible direct to the Medical Superintendent for the ordering of foodstuffs, framing of menus and the management and

control of kitchen staff, dining rooms and the staff employed therein. Since his appointment the many improvements which have been introduced in the dietary and serving of food have been much appreciated by patients and staff alike.

Two other developments were approved during the year under review :

- (a) The establishment of a General Out-patient Department under the appropriate part-time visiting consultants and a Casualty Department in the former First Aid Post adjoining Milton Road, with the view mainly of encouraging general practitioners to refer more of their acute cases direct to Saint Mary's Hospital, and thus help to relieve the Royal Portsmouth Hospital waiting list.
- (b) The inauguration of an Almoner's Department, a necessary corollary to the establishment of an Out-patient Department and an essential part of every modern general hospital, to assist by means of medico-social work the other members of the hospital staff to restore the health of the patients. As the nucleus of the department, approval was given for the appointment of a Head Almoner and two Assistant Almoners, with the necessary clerical assistance.

The establishment of a Pathological Department for both the Infectious Diseases Hospital and Saint Mary's Hospital (see section entitled Laboratory Services) was under consideration during the latter half of the year under review.

As indicated by the Medical Superintendent in his report, it is intended to make another effort during the present year, despite the shortage of building labour and materials and the difficulty in obtaining staff, to inaugurate the Rehabilitation Department at Saint Mary's Hospital, on the lines submitted to the Committee two years ago.

LIAISON WITH OTHER HOSPITALS AND LOCAL AUTHORITIES

During the year the Joint Hospitals' Committee and its Medical Sub-Committee met more frequently than in any previous year. The main points for discussion and agreement included—

- (a) the question of providing additional bed accommodation in the City ;
- (b) the closer co-operation between the Royal Portsmouth Hospital and Saint Mary's Hospital, with a view to reducing the large waiting list of the former hospital ;
- (c) the question of the appointment of a consultant staff, common to all Portsmouth hospitals ;
- (d) the establishment of the Joint Hospitals' Centre at Purbrook.

During the year more neighbouring Local Authorities, *i.e.*, Gosport Municipal Borough, Fareham Urban District Council and Droxford Rural District Council decided to close their small Isolation units and make arrangements for their infectious cases to be admitted to Portsmouth Infectious Diseases Hospital.

The existing arrangement between Portsmouth City Council and Gosport Municipal Borough for the joint use of the Smallpox Hospital at Elson was renewed for another year.

BLOOD TRANSFUSION

Under the administration of the Portsmouth and District Blood Transfusion Service Committee the excellent service at Saint Mary's Hospital continued to meet all demands made upon it. During the year the Committee of Management of the Eye and Ear Hospital expressed their willingness to participate in the scheme, by contributing towards the upkeep of the Service on a proportionate basis, making the total number of contributors seven. At the request of the Ministry of Health arrangements were made for blood to be supplied weekly to the Isle of Wight County Council, and in the event of an emergency occurring during the night the Commander-in-Chief, H.M. Dockyard, Portsmouth, has kindly agreed to place naval transport at our disposal.

LABORATORY SERVICES

The present arrangements in Portsmouth provide for the main pathological work to be carried out at the Royal Portsmouth Hospital Annexe at St. James' Hospital, where the pathologist in charge transferred his laboratory after the destruction by enemy action of his original laboratory at the Royal Portsmouth Hospital. In special cases specimens are sent to the Radcliffe Infirmary, Oxford, and the Clinical Research Association, London. Minor examinations are performed in the laboratory at Saint Mary's Hospital.

The Public Health laboratory work of the City is carried out at the Ministry of Health Public Health Laboratory, Winchester, with which there is a daily transport service, and at the Royal Portsmouth Hospital Annexe. Minor examinations are done at the Infectious Diseases Hospital.

In the latter half of the year consideration was given to the appointment of a pathologist to Saint Mary's Hospital and to the arrangements for linking the local services with the new National Public Health Laboratory system. Visits were paid by representatives of the Ministry, and as a result the Committee was advised that the most satisfactory method of providing for the clinical and Public Health laboratory needs of the Corporation would appear to be extension of the existing laboratory at the Infectious Diseases Hospital, Milton Road, which would accommodate a pathologist and two technicians. The extended laboratory, together with the existing side-room and its staff of two technicians at Saint Mary's Hospital would be able to deal with the clinical pathology of both Saint Mary's Hospital and the Infectious Diseases Hospital, as well as the local Public Health laboratory work. Provision should also be made for future extension of the laboratory as the work increased. The Committee agreed to ask the City Architect to give an estimate of the cost of the proposals.

CARE OF THE AGED.

The war, bringing in its aftermath overcrowded home conditions, and shortage of hospital accommodation, has intensified the problem of providing adequate and proper attention for the aged, whose number grows each year.

During 1946 much time and consideration were given to the problem and a preliminary survey was undertaken by the Portsmouth Social Service Council of the arrangements already made by the Local Authority and by voluntary organisations for the welfare of old people, as a result of which an Old People's Welfare Committee was formed under the aegis of the Portsmouth Social Service Council, with the then Lord Mayor as Chairman, and composed of representatives from the City Council (including the Health and Social Welfare Committees) and from the Portsmouth Social Service Council.

In regard to the healthy old, repeated efforts to acquire suitable premises for a hostel by the Old People's Welfare Committee have been unsuccessful, but good work was done by a temporary Welfare Officer appointed by the Committee. During the year no special allocation of houses was made to old people who had to take their turn with others on the waiting list, but the Health and Housing Committee agreed to include in their housing programme 16 flats with one bedroom and 48 flats with a bed-sitting-room, specially suited to the aged. The Domestic Helps Scheme, inaugurated during the year, was able to provide a few domestic helps for some elderly people who were sick and infirm, but the supply of domestic helps is so far inadequate to make any important contribution to the solution of the problem.

In regard to the aged sick, provision is made for their accommodation at Saint Mary's Hospital and St. James' Hospital, but such provision is not sufficient. Thanks to the efforts of the Medical Superintendent, the turnover of bed accommodation for the chronic sick at Saint Mary's Hospital was accelerated, due to transfer of patients to the Annexe at Wenham Holt. At Saint Mary's Hospital the chronic sick are accommodated in six wards, and the resources of the Hospital, *e.g.*, the consultant services and the special departments are available in connection with their preliminary classification. Their treatment is not satisfactory, however, due to the lack of nursing staff and the absence of a proper rehabilitation scheme. A complete rehabilitation scheme was put forward two years ago, but has been delayed due to difficulty in obtaining staff and in procuring suitable accommodation in the Hospital. In the enlarged Physiotherapy Department our efforts are handicapped by shortage of physiotherapists. A factor which will improve the position, so far as the large section of the aged suffering from rheumatic conditions are concerned, will be the establishment of our comprehensive scheme (interrupted by the war) for the diagnosis and treatment of rheumatic conditions, to be centred round the proposed Rheumatic Clinic at the new Swimming and Medicated Baths in Anglesea Road, which were bombed just before completion.

So far, a study of the problem for the care of the aged in Portsmouth would indicate that the best solution must lie in the provision of a comprehensive scheme wherein (a) the hospital will provide facilities for examination and ascertainment and treatment of those requiring medical care and (b) an organisation closely co-ordinated with the hospital will provide accommodation and supervisory care, either in Institutions, or in special hostels or homes for old people, or in their own private homes, all activities being co-ordinated by some liaison committee composed of representatives from all interested bodies, so as to ensure the proper transfer from hospital to home or from home to hospital, in accordance with changing needs.

AMBULANCE SERVICE.

(Page 81).

During the year the Municipal Ambulance and Medical Car Service continued to meet the increasing demands of the various developing medical services in the City. The centralisation of all hospital transport under the direction of the Ambulance Officer proved beneficial, both in regard to the maintenance of the vehicles and economy of time and expense.

The efficiency of the personnel was maintained by periodical first aid and driving instruction tests, and every member of the staff now holds two or more certificates in first aid.

Towards the end of the year, in accordance with Ministry of Health Circular 70/45, arrangements were made to take over the Accident Ambulance Service from the Police.

HEALTH EDUCATION

Many opportunities were taken throughout the year to give addresses to various organisations in the City, and "Positive Health" was brought to the attention of the general public by means of propaganda posters and the distribution of leaflets prepared by the Central Council for Health Education. The display of these leaflets has continued in the waiting rooms of the administrative offices.

In co-ordination with the Ministry of Health, valuable publicity has been given to stressing the importance of infants being immunised against diphtheria at the earliest opportunity.

A schedule of all clinics coming within the ambit of the Health Department has been displayed in all the principal chemists' shops, in co-operation with the local Pharmaceutical Society.

A short campaign was organised in regard to mass radiography to enable the public to have every opportunity of being examined during the brief period that the Unit was domiciled in Portsmouth.

Throughout the year excellent liaison was maintained with the Chief Education Officer and the Central Council for Health Education.

INSPECTION AND SUPERVISION OF FOOD.

(Pages 82—85).

The total number of samples of food and drugs taken by officers of the department under the Food and Drugs Act, and analysed by the Public Analyst, was 1,186, as compared with 888 in 1945. Of this number, 46 or 3.9% were found to be adulterated or incorrectly labelled, as compared with 5.63% for the previous year. Of the 46 adulterated samples, nine were formal samples and 37 informal or test samples. Proceedings were instituted in four cases, and fines and costs amounting to £22 8s. 2d. were imposed, ranging from £4 2s. 0d. to £9 7s. 8d. In 26 cases cautions were given by the Medical Officer of Health.

The Report of the Veterinary Officer (pages 83—85) reveals the absence of cases under the Diseases of Animals Acts during 1946, and the advantages to be derived from the temporary centralised slaughtering at Paulsgrove. It is hoped that it will not be long before the Government will declare their post-war slaughtering policy, so that a larger abattoir can be established in accordance with the Portsmouth pre-war Abattoir Scheme.

FOOD AND DRINK INFECTIONS

A medical officer and a sanitary inspector of the Department have paid visits to restaurants, cafes and kitchens in the City, have interviewed managements and staffs and explained the importance from the hygienic point of view of both personal cleanliness and cleanliness of equipment in the prevention of gastro-intestinal infections resulting from food, which are all too common at the present time. Suitable notices for posting up in staff lavatories to this effect have been issued to some 600 places in Portsmouth where food is prepared or sold. I am grateful to managements and staffs for their helpful co-operation.

A "Food and Drink Infections Campaign," together with exhibition, will be included in our next Health Week, to be arranged in association with the Ministry of Food and the Central Council for Health Education.

ICE CREAM.

During the year 27 samples of ice cream were examined by the Public Analyst, of which 13 were satisfactory, five excellent, and 14 unsatisfactory on general hygienic standards. Two samples were found to contain faecal bacteria coli and the registration of one of the manufacturers was suspended in order that his methods of production might be re-organised. Renewed efforts were made to apprise all those connected with this easily contaminated commodity with the importance of cleanliness at all stages of handling, and written instructions on the prevention of bacterial contamination, embodying the result of recent scientific investigation and research, were circulated to each manufacturer and vendor of ice cream in the City.

In October, 1946, an important step forward in the much needed stricter control of the manufacture and sale of ice cream was made by the issue by the Minister of Health of a draft of the Ice Cream (Heat Treatment) Regulations, 1946, for the better protection of the Public Health against risk of infection from the consumption of ice cream. The new requirements, which come into operation on the 1st May, 1947, provide for the elimination or reduction of micro-organisms by heat treatment and subsequent freezing of the ingredients after mixing. It is hoped that soon the Minister will find it possible to lay down statutory bacterial and chemical standards. Suggestions for further improvement were invited from Local Authorities and the Committee put forward the following suggestions :—

- (1) That all containers of “complete cold mix powder” should bear a label on the outside stating that the powder has been prepared in accordance with the Ice Cream (Heat Treatment) Regulations, 1946.
- (2) That the Regulations should provide that all ice cream for sale in public places, from barrows, carts, vans and tricycles, or for sale in shops for consumption outside the premises, should be mechanically wrapped at the place of manufacture.
- (3) That instruments to secure thermostatic control and temperature recording, should be integral parts of the plant required to comply with the Regulations.

A reply has been received that these suggestions will be borne in mind by the Minister when further legislation is considered.

SANITARY CIRCUMSTANCES.

(Pages 86—88).

HOUSING

During the year the Housing Section of the Health Department continued to make a useful contribution in connection with the operation of the City Council's Housing Scheme, being concerned with :—

- (a) the inspection of all new houses and the issue by the Medical Officer of Health, jointly with the City Engineer, of certificates of fitness for occupation ;
- (b) the initial requisitioning of properties ;
- (c) the assessment of priorities for the allocation of points on insanitary grounds and for medical reasons ; and
- (d) the inspection of the applicants' existing circumstances prior to taking up tenancy of the new accommodation.

During 1946 the number of properties upon which requisition notices under Ministry of Health Circular 138/45 were fixed was 412 ; 159 occupation certificates for new houses were issued ; the number of application forms for Council or requisitioned houses dealt with was 5,171, and 376 inspections were made in connection with (d) above.

Repairs to properties, required by notices, were delayed generally by the shortage of building labour and of certain materials.

During the year legal proceedings were instituted in 13 cases.

A housing survey of the whole City was planned, but had to be abandoned owing to the difficulty in obtaining sufficient sanitary inspectors in response to repeated advertisements. It is anticipated that with the termination of the many courses of training of sanitary inspectors throughout the country (including Portsmouth) the full complement of sanitary inspectors will be appointed.

I am indebted to the City Architect for the following particulars regarding the housing position at the end of 1946.

“The development of Paulsgrove continues, and the preparatory work in 1945 is now producing material results in completed permanent dwellings, together with those at Wymering and Church Path North.

“Contracts were placed for 1831 dwellings, of which 864 were under construction and 184 completed by 31st December.

“Two groups of houses, 97 in number, were being built by private enterprise under Circ. 92 for sale to the Corporation.

“543 temporary bungalows were handed over for occupation and further additions to housing accommodation were secured by possession of vacant Service Camps on Southsea Common and at West Leigh.

“All outstanding dwellings seriously damaged by enemy action (classified ‘CB’) were inspected and a further 281 were completed, making a total of 1316.

“The development of Leigh Park came under review, the first section comprising 800 dwellings.”

RODENT CONTROL

During the year much progress has been made in ridding the City of rats and mice. Two schemes, *i.e.*, “Block Control” and “Systematic Control of Sewer Rats” which were described in my Report last year, were put into operation and the results amply justified the considerable time spent on their preparation. During the months of June and July, 3,110 sewer manholes south of Portsbridge were treated and poison baits laid, resulting in an estimated kill of 28,509 rats. The Corporation refuse tips were also treated during the year and large numbers of rats destroyed.

The Block Control Scheme system of rodent destruction was commenced on January 1st and remained in force until June 6th, 1946, when the recommendation contained in the Ministry of Food Circular No. 12, known as the “Private Dwellings Scheme,” was accepted by the City Council. This provided for a free service to occupiers of dwelling houses, but not

business premises or any dwellings forming part of such premises, occupiers of which were excluded from the scheme and expected to pay for any work of extermination carried out on their premises.

The Ministry of Food agreed to contribute 60% of the cost, provided the remaining 40% came from the local rates and the work was completed during the fiscal year, 1946-47.

In order to obtain the fullest possible benefit from the Ministry's offer, it was necessary in June to increase the number of rodent operators from 13 to 38. The additional operators were engaged and some 4,682 dwelling houses, public buildings and business premises have been treated within the year, resulting in an estimated kill of 54,668 rats.

The Admiralty have been most co-operative, and during a conference held in H.M. Dockyard to discuss the future policy of rodent control in naval establishments, it was ultimately agreed that the Local Authority would undertake the work of exterminating rats in H.M. Dockyard and all naval establishments within the Portsmouth area. This work will be commenced, subject to the Admiralty's approval, in 1947, on the completion of the survey and treatment of the City under the Private Dwellings Scheme N.S. 12, and the cost will be borne by the Admiralty.

My thanks are due to the Admiral Superintendent of the Dockyard, who has at all times been most helpful and also to the City Engineer, without whose support and assistance in providing additional labour and equipment for the sewer treatments, much of the work could not have been undertaken.

MOSQUITO CONTROL

Steady progress has been made throughout the year with anti-mosquito measures. The staff of the Hayling Mosquito Control Institute, under the direction of Mr. Marshall, have continued in their efforts to prevent larvae breeding in the low-lying areas of the City. There has been no real tidal flooding of the Central Channel at Farlington during the year and few larvae have been seen in this area—a very satisfactory improvement.

The late July, August and September rains maintained water in places where it had been seldom seen before, and many of these became infested with larvae of *theobaldia annulata*, *theobaldia subothrea*, *culex pipiens* and a few anophelines. Oiling, although difficult because of the long grass, was resorted to.

WATER SUPPLIES

The water supply provided to the whole of the area by the Portsmouth Water Company continues to be satisfactory in quality and quantity. It is estimated that 99.5% of the population is supplied direct from the mains to the houses.

Bacteriological examination of samples taken monthly proved satisfactory, and the following is a typical report :—

“This is a very satisfactory sample. It is clear and bright in appearance and of the highest standard of bacterial purity, indicative of a pure and wholesome water, suitable for the purposes of a public supply.”

Two samples of the raw water and two further samples after treatment of the water going in to supply are taken monthly by the Water Company, in addition to the samples taken for examination by the Public Analyst.

A typical chemical analysis during the year under review shows :—

Total solid residue 30.0 ; volatile solid residue 2.0 ; chlorine 1.7 ; free ammonia 0.0027, albuminoid ammonia 0.003 ; nitrogen as nitrates 0.3 ; total hardness 21.4 parts per 100,000 respectively ; oxygen absorbed in four hours at 37° C., nil ; appearance of solids on ignition, white.

The results are normal for the Portsmouth City supply and indicate a water of a high degree of organic purity.

The arrangement to chlorinate the main supply after leaving the filter beds, to permit a residual chlorine content of at least 0.1 parts per million to be maintained in any part of the City's supply, has been continued throughout 1946. Periodical tests by the Public Analyst during the year have shown the average residual chlorine content to be 0.15 parts per million.

DISPOSAL OF THE DEAD

MORTUARY ACCOMMODATION

The number of bodies received into the Park Road Mortuary during the year was 156. Provision was made in our Five-year Programme for the erection of a new and larger mortuary.

CREMATORIUM

The need for a Crematorium mentioned repeatedly in my previous Reports is again stressed, and it is hoped that, when the present acute position regarding the shortage of building labour and materials improves, we can proceed with the scheme for the erection of an up-to-date Crematorium.

I desire to acknowledge with much gratitude the willing services of the whole staff of the Health Department, who have responded unhesitatingly to the various demands made upon them. In particular, my thanks are due to my Deputy (Dr. Roberts) and to my Chief Clerk (Mr. Rogers) for their valuable assistance.

During the year two senior officers of the Health Committee retired after many years devoted and valuable service to the City, namely, Dr. R. C. Macpherson, Medical Superintendent of Saint Mary's Hospital, and Mr. R. P. Page, Public Analyst.

To the Chairman and Members of the Health Committee I am greatly indebted for their sympathy and encouragement, and I would express my appreciation of the helpful co-operation of my medical colleagues in the City and of the two Voluntary Hospitals, of assistance freely given by the Town Clerk and the chief officials of other Departments of the Corporation, the Principal Regional Medical Officer, the Director of the Public Health Laboratory Service, Winchester, and the various voluntary organisations in Portsmouth.

I have the honour to be, Mesdames and Gentlemen,

Your obedient Servant,

A. B. WILLIAMSON.

June, 1947.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH.

SUMMARY FOR 1946

Civil Population (estimated to the middle of 1946) 204,540

1.—GENERAL STATISTICS.

Area in Acres (land and inland water)	9,223
Population (Census 1931)	252,421
Number of Inhabited Houses (including pre-fabricated bungalows)	50,467
Rateable Value (1st April, 1946)	£1,679,067
Nett Product of a Penny Rate (estimated for year ending 31st March, 1947)	£6,525
Average number of persons in each house (Census 1931) ..	4.5
Average number of persons per Acre (Census 1931)	31.3
Total Rainfall	31.72 inches

2.—EXTRACTS FROM VITAL STATISTICS.

	<u>Total</u>	<u>Male</u>	<u>Female</u>	
LIVE BIRTHS :				
Legitimate ..	4,463	2,324	2,139	} Rate per 1,000 population <u>23.69</u>
Illegitimate ..	383	186	197	
Total	4,846	2,510	2,336	
STILLBIRTHS :				
Legitimate ..	122	64	58	} Rate per 1,000 Total Births <u>25.93</u>
Illegitimate ..	7	4	3	
Total	129	68	61	
DEATHS	2,481	1,228	1,253	} Rate per 1,000 population <u>12.13</u>

Deaths from diseases and accidents of Pregnancy and Childbirth :

From Puerperal and Post-Abortive Sepsis	2
From other Maternal causes	3

Maternal Mortality rate per 1,000 Total Births :

From Puerperal Sepsis 0.40	From other Maternal causes 0.60
Total Maternal Mortality rate	
1.00	

Death rate of Infants under one year of age :

All Infants per 1,000 live births (165)	34.05
Legitimate Infants per 1,000 legitimate live births (145) ..	32.49
Illegitimate Infants per 1,000 illegitimate live births (20) ..	52.22

Deaths from Cancer (all ages)	400
„ from Measles (all ages)	1
„ from Whooping Cough (all ages)	2
„ from Diarrhoea (under 2 years of age)	11

3.—COMPARISON WITH PREVIOUS YEAR (1945)

	1946		1945	
	Population 204,540		Population 179,240	
	No.	Rate per 1,000 living	No.	Rate per 1,000 living
Births	4,846	23.69	4,195	23.40
Deaths	2,481	12.13	2,474	13.80
„ Principal Zymotic Diseases ..	14	0.07	30	0.17
„ Smallpox	—	—	—	—
„ Measles	1	0.00	5	0.03
„ Scarlet Fever ..	—	—	1	0.01
„ Diphtheria ..	—	—	2	0.01
„ Whooping Cough ..	2	0.01	3	0.02
„ Fever (Typhoid and Para-Typhoid) ..	—	—	—	—
„ Diarrhoea (under 2)	11	0.05	19	0.10
„ Pulmonary Tuberculosis ..	116	0.57	117	0.65
„ Other forms of Tuberculosis ..	18	0.09	30	0.17
„ Cancer	400	1.96	418	2.33
„ Influenza	14	0.07	9	0.05
		Rate per 1,000 <u>live births</u>		Rate per 1,000 <u>live births</u>
Deaths under 1 year of age	165	34	179	43
		Rate per 1,000 <u>total births</u>		Rate per 1,000 <u>total births</u>
Deaths Maternal—Sepsis ..	2	0.40	1	0.23
Other Maternal causes	3	0.60	2	0.46
Total	5	1.00	3	0.69

Average Death Rate for previous ten years (1936-45). .. 14.09

SUMMARY OF METEOROLOGICAL STATISTICS, 1946.

BAROMETER. The mean barometer pressure for the year was 29.945 inches. The highest observed reading corrected to sea-level was 30.796 on 15th January, and the lowest 28.872 on 8th December.

TEMPERATURE. The mean temperature in the shade was 51.5° , or 0.7° above the normal.

Maximum. The mean maximum temperature in the shade was 56.9° , the highest being 78° on 3rd, 12th, 13th, and 24th July.

Minimum. The mean minimum temperature was 46.0° , the lowest being 22° on 21st December.

Minimum on grass. The mean minimum temperature on the grass was 41.1° , the lowest being 12° on 21st December.

Earth Temperature. The mean temperature at one foot below the ground was 55.6° , and that at four feet 53.2° .

BRIGHT SUNSHINE. 1,662.6 hours of sunshine were registered by the Campbell-Stokes Recorder. The greatest amount registered on one day was 14.5 hours on 10th July.

FROSTS. The minimum thermometer in the shade, four feet above the ground, fell to and below freezing point on 32 days, and that on the ground on 65 occasions.

HUMIDITY. The mean humidity of the air (saturation 100) was 71.1%.

RAINFALL. The total rainfall was 31.72 inches, or 1.96 inches above the normal. The greatest fall of rain in twenty-four hours was 1.26 inches, on 7th May.

HAIL. Hail occurred on four occasions.

SNOW. Snow or Sleet fell on six occasions.

THUNDER. Thunder occurred on five occasions.

FOGS. Fogs occurred on 21 occasions.

GALES. Gales occurred on 18 occasions.

AVERAGES FOR THE PAST TEN YEARS, 1937 TO 1946.

	Hours of Bright Sunshine	Mean Temperature
Rainfall		
27.78 inches	1714.0	52.0°

INFECTIOUS DISEASES.

Cases of Infectious Diseases notified during the year are given below :

<u>DISEASE</u>	<u>Cases Notified</u>	<u>Cases admitted to Hospital</u>	<u>Total Deaths</u>
Typhoid and Para-Typhoid ..	3	3	—
Cerebro-Spinal Meningitis ..	22	22	5
Scarlet Fever	275	262	—
Whooping Cough	358	50	2
Diphtheria	17	17	—
Erysipelas	39	19	—
Tuberculosis—Pulmonary ..	427	505	116
—Non-Pulmonary .	77	38	18
Ophthalmia Neonatorum ..	13	2	—
Dysentery	2	1	—
Malaria	6	—	—
{ Notifiable Pneumonia }	27	3	(All Forms) 109
{ Influenza .. }				14
Measles	272	21	1
Acute Poliomyelitis	2	2	—
Puerperal Pyrexia	28	16	—

INFECTIOUS DISEASES HOSPITAL.

By the Medical Superintendent.

The total number of beds available for the treatment of Infectious Diseases in the Hospital is 291 ; of these the two cubicle isolation blocks supply 40. Arrangements have been made by the Ministry of Health for three wards to be allocated temporarily for the treatment of tuberculosis—total number of beds now available for this disease is 88.

As in previous years, difficulty has been experienced in obtaining nursing staff, and as a result the work was carried out under very trying circumstances, many of the wards having to be understaffed. Staff sickness during the year has been very slight and no case of a serious nature has occurred. In fact, the occurrence of infectious disease among members of either nursing or domestic staffs is a rarity. This speaks well for the co-operation of members of the staff, especially with regard to immunisation. The optimism expressed last year with regard to ample supply of trainees and qualified nurses has not materialised. Every effort has been made to obtain trainees and qualified nurses, but the response is poor.

The majority of the bacteriological work is sent to the Emergency Public Health Laboratory, Winchester. All swabs of diphtheria are classified into the various types, and this is extremely useful for epidemiological purposes. I would like to take this opportunity of expressing my thanks to Dr. Mackenzie and his staff for the work they have carried out on behalf of the hospital.

A few specimens have been examined in the Hospital laboratory—direct smears from throat, cerebro-spinal fluid, urine, sputa and some throat cultures.

The services of an Ear, Nose and Throat Surgeon are available when required, also those of a Consulting Physician and Consulting Surgeon.

The work of the hospital has been carried out in a most excellent manner during the past year, notwithstanding many trials in regard to shortage of staff, both nursing and domestic.

I should like to take this opportunity of expressing my sincere thanks to the Matron and nursing staffs for their invaluable help and co-operation, and to the Resident Medical Officer, Dr. W. B. O'Driscoll, who is also the Deputy Medical Superintendent, for the excellent manner in which he carried out his duties.

ADMISSIONS. The total number of admissions was slightly higher than in 1945.

During the year 970 cases were admitted, excluding tuberculosis, which accounted for 265 admissions. The grand total of all cases admitted during the year was 1,235. 96 cases were admitted from outside the City boundary and 198 Service cases.

DISCHARGES—941. DEATHS—23. TOTAL—964.

CASES DISCHARGED DURING 1946.

MONTH	Scarlet Fever	Diph- theria	Other Infections	Non- Infectious	Deaths	Total
January	17	1	37	12	—	67
February	35	3	51	13	4	106
March	25	3	46	12	3	89
April	31	—	55	9	2	97
May	31	2	57	7	3	100
June	30	2	49	13	2	96
July	36	4	36	14	—	90
August	22	—	38	11	2	73
September	21	2	31	9	5	68
October	10	1	27	13	—	51
November	17	—	35	6	1	59
December	18	1	36	12	1	68
TOTAL	293	19	498	131	23	964

DEATHS. During the year there were 23 deaths from the causes stated below :—

Erysipelas (Senility)	1	T.B. Meningitis	6
Pneumococcal Meningitis .. .	1	Br. Pneumonia	2
Epidemic Cerebro-Spinal Meningitis	4	Lymphadema	1
Cerebellar Abscess	1	Br. Pneumonia and Pertussis	3
Miliary T.B.	1	Puerperal Pyrexia	1
Sub-Arachnoid Haemorrhage .. .	1	Pemphigus (Staphylococcal)	1

Diphtheria.

There were 37 cases admitted as diphtheria. Analysis of proven cases of diphtheria discharged, together with complications arising whilst in hospital, is given below:—

Day of Disease	AGE GROUP						DIPHThERIA TYPE						TYPE				COMPLICATIONS												
	0-5 years		5-10 years		10-15 years		15-20 years		20 years +		Tonsillar		Carrier		Faucial		Pharyngeal		Nasal		Laryngeal		Intermediate		Mitis		Gravis		Negative Swabs	Positive Swabs
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
2	-	-	1	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	2
3	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
4	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4
5	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
7+	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
?	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3

Of the 37 cases admitted as diphtheria, only 19 proved to be diphtheria. They were sub-divided clinically into:—

Tonsillar Diphtheria	2
Pharyngeal Diphtheria	1
Laryngeal Diphtheria	1
Faucial Diphtheria	10
Nasal Diphtheria	1
Diphtheria Carrier	4

There were no deaths from diphtheria during the year.

Scarlet Fever.

There were 313 cases admitted as scarlet fever. There were no deaths. The following is a table showing the complications arising from the 293 proven cases of scarlet fever discharged :—

Adenitis	28	Hernia Operation	1
Extra Systoles	1	Otorrhoea	9
Albuminuria	3	Varicella	9
Serum Sickness	1	Follicular Sepsis	2
Serum Reaction	5	Secondary Attack	1
Lymphadenitis	1	Mastoiditis	1
Post Nasal Catarrh	1	Convalescent Carrier.. .. .	3
Septic Finger	2	Abscess in thigh	1
Septic Spots on face	1	Allergic Erythema	1
Sinus Arrhymia	1	Septic Spots	2
Axillary Abscess	1	Suppurating Adenitis	1
Burns of forearm	1		

Enteric Fever.

There were four cases of enteric fever admitted, and three cases proved to be enteric fever. (Typhoid fever 2, paratyphoid B 1.)

Cerebro-spinal Fever.

During the year 48 cases were admitted as cerebro-spinal meningitis. Below is a table setting out the age groups of the 20 proven cases discharged during the year :—

AGE	MALE	FEMALE	TOTAL
0- 5 years	4	2	6
5-10 years	1	5	6
10-15 years	—	—	—
15-20 years	4	1	5
20-25 years	1	1	2
25 years +	1	—	1

Puerperal Pyrexia.

There were 23 cases of puerperal pyrexia admitted during the year. One case died after being in hospital for four months. This proved to be a case of sub-acute infective endocarditis

INFECTIOUS DISEASES HOSPITAL—ADMISSIONS 1946 (Diagnosis before Admission).

	Scarlet Fever	Diphtheria	Enteric	Observation	C.S. Meningitis	Morbili	Rubella	Mumps	Varicella	Pertussis	Ophthalmia Neon' tm	Healthy Baby	Puerperal Pyrexia	Diarrhoea & Vomit' g	Dysentery	Gastro Enteritis	Poliomylitis	Glandular Fever	Enteritis	Vincent's Angina	Erysipelas	Broncho-Pneumonia	Malaria	Encephalitis	Jaudice	Adenitis	Infective Hepatitis	Pyrexia	Premature Baby	Infected Eyes	Septicaemia	Tonsillitis	Stomatitis	Croup	TOTAL	
January	21	6	11	3	2	16	9	1	1	1	1	1	1	1	4	3	1	3	4	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	83
February	46	4	12	13	1	2	4	2	1	2	1	1	1	1	2	2	1	1	1	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	106
March	24	2	17	12	3	7	4	3	1	2	1	1	2	2	2	2	6	1	1	2	2	1	1	1	1	1	2	1	1	1	1	1	1	1	1	94
April	31	1	16	4	2	2	9	5	3	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	83	
May	24	7	14	4	5	15	11	5	1	3	1	1	3	5	1	3	2	2	1	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	106	
June	44	7	3	3	4	1	9	2	5	1	4	4	4	1	1	1	1	1	1	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	93	
July	24	2	12	3	3	4	6	10	3	2	3	3	3	2	2	4	1	1	1	3	3	1	1	1	1	1	1	1	1	1	1	1	1	1	83	
August	24	2	15	1	5	3	4	6	3	4	3	3	4	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	74	
September	12	4	13	1	2	1	1	8	1	8	1	1	1	2	1	1	1	1	1	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	54	
October	21	1	16	2	7	1	3	4	2	2	2	2	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	54	
November	17	4	14	2	7	2	2	2	2	2	2	2	2	2	2	2	2	2	2	5	2	1	1	2	2	2	2	2	2	2	2	2	2	2	63	
December	25	1	19	2	1	2	1	3	5	3	4	3	4	1	2	2	1	1	1	4	4	1	1	1	1	1	1	1	1	1	1	1	1	1	77	
GRAND TOTAL	313	37	416	248	35	578	54	54	418	23	16	9	19	4	11	7	5	28	5	3	2	1	2	1	2	1	8	1	1	1	1	7	1	2	970	
Service Cases	32	3	26	7	18	5	68	24	1	3	1	3	1	3	1	1	1	1	1	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	198	
Cases from Outside the Area	38	9	1	8	8	1	2	4	2	4	2	4	8	1	1	1	1	1	1	6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	96	
Net Admissions, Portsmouth Area	243	25	312	28	33	16	10	28	50	214	15	8	19	4	7	4	2	7	4	19	5	3	1	1	2	1	7	1	1	1	1	5	1	2	676	

DIPHTHERIA IMMUNISATION

By the Medical Officer i/c. Immunisation.

The percentage of school children immunised is rather higher than in the previous year—97.8 as compared with 95.3, and it is considered that saturation point has been reached.

In addition, supplementary doses were given to 4,243 school children. Increasing attention is given to this “boosting” dose (one dose of 0.5 c.c. A.P.T. four years after the initial immunisation). The figures for supplementary doses for the past five years are interesting :—

1942	..	21	1945	..	820
1943	..	75	1946	..	4243
1944	..	106			

In children of 12 to 15 years of age, 1 c.c. T.A.F. is given instead, because of the possible reaction from A.P.T. in older children.

The picture of the under fives does not appear to be quite so good, 44.2% as against 53.3% shown last year. This, however, is not an actual decrease, but is due to a revised method of computing the statistics, consequent upon a revision of the records carried out this year. During the war, the figures, of necessity, had to be largely estimated, and may possibly not be entirely accurate.

This year's percentage is lower than that desirable, and, I think, may be due partly to the changes in the health visitor staff, with fewer opportunities of covering the whole ground, and partly to the return of many Service families of whom no record is obtained until they visit the clinics.

I am firmly convinced that the personal approach by the doctors and health visitors is the best way of getting the under fives to the immunisation clinics.

Now, every baby in Portsmouth has a small card made out on birth and indexed in chronological order. At age one, if the baby is not already immunised, the health visitor makes a special visit to the home. When the baby is immunised, the card is taken from the health visitor file and goes to the immunisation clerk who files it four years ahead, ready for the first supplementary dose at age five (or later). We thus have an ordinary alphabetical file and a chronological file, both under the care of the immunisation clerk. In this way, we hope to bring up the percentage of under fives immunised.

The only alteration required to our immunisation card in accordance with the recommendations of the Ministry of Health was bringing the date of birth to the top right hand corner of the card.

We recommend initial immunisation at eight months with supplementary doses at four year intervals.

My thanks are again due to the Chief Education Officer and the school teachers for their willing help, not only in bringing forward the school children, but also in giving facilities for the under fives to be immunised at the schools. Most of the teachers know when there are younger members of the family and they send little notes to the mothers by the pupil reminding them of the projected visit of the doctor. 24.7% of the under fives immunised were done at the schools.

The Mobile Unit again visited some four or five of the outlying districts of the City and it is hoped to extend this next year to the many new housing estates which are springing up in the City and its outskirts.

A pleasing feature of the year's work has been the interest shown by the private schools, and visits are now paid to any private school on request. It is estimated that some 3,000 out of the 27,000 children are at private schools.

The number of clinics is as last year—six fixed clinics at child welfare centres, operating weekly, 46 schools and 5 day nurseries visited every month on the same day and at the same time—a total of 57 clinics. Another fixed clinic is about to be opened in the Portsea district.

A series of posters with statistical information, and also photographs, illustrating various aspects of immunisation, were prepared for a British Red Cross exhibition at Saint Mary's Hospital and these have been used in the foyers of several of the cinemas, and at the parents' meetings at the schools.

Newspaper publicity has also been fully used.

STATISTICS RELATING TO DIPHTHERIA IMMUNISATION.

The material used was A.P.T. in doses of 0.3 and 0.5 c.c., supplied by the Ministry of Health, through the Emergency Public Health Laboratory.

Total number of children who received the complete course :—

		1946	1945
Under 5	.. .. .	3358	2591
5—15	.. .. .	1396	1002
Over 15	.. .. .	9	40
		—————	—————
	Totals	4763	3633
		—————	—————

Total number of children immunised since the commencement of the scheme 49792

The percentage of school children fully immunised at the end of the year was 97.8% and that of the under fives 44.2%.

Of the 14 children admitted to the Infectious Diseases Hospital during the year, 6 had been immunised. There were no deaths.

The number of cases admitted to hospital as diphtheria and the number of deaths during the past 9 years are given below for reference purposes :—

<u>Year</u>	<u>Admitted to Hospital</u>	<u>Died</u>	<u>Year</u>	<u>Admitted to Hospital</u>	<u>Died</u>
1938	302	14	1942	75	2
1939	133	6	1943	31	1
1940	79	4	1944	17	2
1941	110	9	1945	13	2
			1946	17	0

WHOOPING COUGH (PERTUSSIS) IMMUNISATION.

During the year all the entrants to the day nurseries were immunised against pertussis. 412 cases were commenced, but due to many departures from the City, only 243 completed.

As far as is known (enquiry from parents and inspection of the whooping cough notifications) no infant so immunised has developed whooping cough. It is, of course, much too early to make any deduction from this, but the fact gives encouragement to continue.

The antigen used was the Glaxo Dissolved Vaccine, given in doses varying according to age and at intervals of three days and ten days.

Beginning next year, any parent may now, on request, have her baby immunised against whooping cough, without charge. The age advised is three to six months, or later.

The Glaxo alum precipitated vaccine is used in three doses of 0.5 c.c at monthly intervals, and, where necessary, combined with the diphtheria prophylactic.

PARASITIC INFESTATION.

By the Medical Officer i/c. Infestation Clinic.

Scabies.

The numbers attending the Clinic showed a slight increase during the first few months of the year, as compared with the corresponding period in the previous year. This was due to the return of Service men and women, as many gave histories of having had scabies recently in the Services. The final figures for the year, however, showed a decrease of 64 actual cases.

The total number of persons seen was 2,302 (2,361), 1,179 (1,243) actual cases and 1,123 (1,118) contacts showing no evidence of scabies.

The number of cases with added skin infection also showed a decrease, 175, as compared with 208 in the previous year.

Notices under the Scabies Order were issued against 35 individuals (47 in the previous year), and prosecution followed in three instances (nil). In each case the individuals attended the Clinic as required and in one case a fine of £1 was imposed.

Sixteen domiciliary visits were paid—11 females, 4 males and one infant—who were unable to attend because of physical infirmity. In one instance (one of the prosecution cases) an ambulance was sent to convey a young family to the Clinic, as the mother had recently been confined.

Recurrence of symptoms within two months occurred in 42 families, as compared with 31 in the previous year. Four of these families came back twice in the period of two months. Twenty-three (18) had been treated previously for scabies, two of the families twice.

Fifteen families sent for scabies were found also louse infested. In one of these families there was no evidence of scabies.

'Bus fares were paid to one family.

A 25% emulsion of Benzyl Benzoate continues to be used in the Clinic with completely satisfactory results. The practice is to paint the whole body twice at the one attendance with the emulsion. Rarely a second or third painting may be necessary.

	1946	1945
Total number of cases dealt with during the year :	—————	—————
Cases	1,179	1,243
Contacts	1,123	1,118
Total persons seen	2,302	2,361
Added skin infections	185	208

The distribution as to age and sex was :—

	Under 5			5-15			Over 15			Totals		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Cases	93	85	178	242	241	483	151	367	518	486	693	1179
Contacts	97	72	169	114	112	226	309	419	728	520	603	1123
Totals ..	190	157	347	356	353	709	460	786	1246	1006	1296	2302

Distribution of added skin infections was :—

Under 5			5-15			Over 15			Totals		
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
30	26	56	28	41	69	20	30	50	78	97	175

Pediculosis.

During the year 167 households, comprising 200 families and 795 individuals, were examined and treated. This compares favourably with the 379 families and 1,579 individuals examined last year, and I am sure the insistence on examination and treatment of whole families (one member of the family having been found infested) is having good results.

Although the majority of cases come through the School Clinic, it is gratifying to find that private doctors are sending their cases for treatment and no fewer than 35 families (out of the 200) were sent by private doctors. In addition, several cases were found during the routine inspection of Municipal Restaurants and other establishments. In one small factory, which the manager had asked us to visit, five out of the 11 women examined were found to be infested.

Out of the 200 families seen, one family was found to be quite clear. In all the families coming from the School Clinic, at least one adult member was found to be infested in addition to the school children.

Twenty-eight families had been treated before for pediculosis, two of them on more than one occasion, whilst eight had been treated previously for scabies.

Pubic infestation was found in four men and five women. Of these, one man and two women also had axillary infestation. Four men were infested with body lice. 14 families had scabies as well as louse infestation.

Domiciliary visits were paid to three men and three women (one of the latter was 90 years of age).

Sacker combs were sold to 65 individuals, and 'bus fares were paid to three families (18 individuals).

Notices under the Scabies Order were served on 28 persons and prosecution undertaken against four persons. All the latter attended in due

course. In one case the husband knew nothing of the summons and did not attend Court; he was surprised when a police officer attended to arrest him.

“Fleas were a little late this year”. In other words the annual flea visitation, which usually occurs in September, did not materialise until early October. Six families were treated for fleas.

A series of posters and specimens of material used have been prepared and opportunity taken to exhibit these at schools and clinics. In the summer a demonstration of materials and methods used was given at a Red Cross exhibition at Saint Mary’s Hospital. The Medical Officer and nurses attended and gave information on prevention and treatment of scabies and pediculosis, in conjunction with a similar demonstration on diphtheria immunisation.

It will be noted from the figures given that 97.9% of the school girls examined were infested and 84.6% of the adult women.

We continue to use a mixture of Lethane and Ascabiol. Several other medicaments have been tried, but none of them will readily remove nits. The best is a D.D.T. emulsion prepared by Derbac. This medicament was favourably commented on by Frazer at the Nottingham Clinic. It certainly does make it easier to remove nits, but there are three serious objections to its use, namely, (a) it is painful if there is any eczema or excoriation of the scalp, and so is inadvisable in children; (b) the smell is objectionable, and (c) the hair becomes very lank and the person looks like a “drowned rat”, and so is objectionable to women. We have used the medicament on some six selected cases, *i.e.*, adults who are prepared to put up with the inconveniences described.

It was reported to us that 50% Dettol had been used with success in the women’s Services. I have only commenced using this on selected cases, and so far the claims made for it have not been borne out.

The end result is that we use our Ascabiol-Lethane emulsion over a period of a week or ten days (sometimes longer) in the expectation that, where the nits have not been removed, the larvae are attacked immediately they hatch out. It may be, and indeed often is, necessary to continue the treatment for a fortnight or longer, but success invariably comes in the end.

The distribution as to sex and age of the 795 individuals examined was :—

	Under 5			5-15			Over 15			Totals		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Infested	48	46	94	83	188	271	28	189	217	159	423	582
Non-infested ..	22	16	38	35	4	39	103	33	136	160	53	213
Totals ..	70	62	132	118	192	310	131	222	353	319	476	795

VENEREAL DISEASES TREATMENT CENTRE.

By the Venereal Diseases Officer.

The figures for 1946 reveal an all-round increase in the numbers of patients reporting for the first time and the total number of attendances. This is entirely due to the demobilization of the Forces, and in this respect the figures, at least with regard to this Treatment Centre, did not reach an anticipated higher rate. After the 1914-1918 war, during the demobilization period, the incidence of venereal disease was indeed very high.

Compared with the previous year, there was an increase of 53 cases of recent syphilis and 70 new gonococcal infections. There was again a marked increase in those patients reporting for the first time and in whom no signs of venereal disease were found, and again this can be attributed to the propaganda campaign. The total number of attendances showed an increase of 1,504.

TABLE OF STATISTICS.

	1946			1945		
	M.	F.	Total	M.	F.	Total
No. of cases under treatment or observation on 1st January.. .. .	163	261	424	145	270	415
No. of cases dealt with for the first time during the year	719	460	1179	374	557	931
No. of cases discharged on completion of treatment and final tests of cure ..	606	377	983	302	549	851
No. of cases which ceased to attend before completion of treatment ..	37	21	58	25	26	51
No. of cases which ceased to attend after completion of treatment but before final tests of cure	52	14	66	23	7	30
No. of cases transferred to other centres or to the care of private practitioners..	87	35	122	69	43	112
No. of cases remaining under treatment or observation on 31st December ..	256	305	561	163	261	424
No. of Attendances—						
(a) for attention by Medical Officer ..	4762	4820	9582	3212	5205	8417
(b) for intermediate treatment ..	764	1615	2379	356	1684	2040
TOTAL ATTENDANCES ..	5526	6435	11961	3568	6889	10457

SOCIAL WORK IN THE CENTRE.

By the Almoner.

During the year 1946 approximately the same number of cases have been dealt with as in 1945, but it will be seen from the Statistics at the end of the Report, with regret, that the work carried out on these cases has decreased. This has been mainly due to the increase of work in connection with the Care of the Mother and her Illegitimate Child, and a very difficult choice has had to be made as to which was the more important. Progress has been made, however, in the Clinic in the following ways:—

1. TRACING OF DEFAULTERS.

The average number of patients on the Almoner's Register during the period under review was 380. Of this number approximately 61% attended regularly; the remaining 39%, being defaulters, may be sub-divided as follows:—

Defaulters for one week	..	..	..	..	12%
Defaulters for two weeks	..	..	..	..	7%
Defaulters for three weeks	..	..	..	..	4%
Defaulters for four weeks and over..	..	..	..	..	16%
					—— 39%

Patients who have disappeared from their known addresses, or are being traced by the Police or other social workers in the City, may remain on the register for many months, and these people are included in the above figures.

There has been greater co-operation with the Hampshire County Almoner, who has been able to contact patients, and not only persuade them to attend the Clinic, but also to straighten out difficulties experienced in their own homes. She has escorted patients to the Clinic personally in cases where the girl has been frightened to come alone, or when several attempts have been made to persuade the patients and they will not take the advice given.

2. TRACING OF CONTACTS.

In the latter part of 1945 a scheme for tracing contacts was commenced; this has been completed and proved successful in that it has brought to light the names of other members of the community who should be treated. A new case of syphilis or gonorrhoea in the Women's Clinic is questioned closely as to the whereabouts of her contact, and this person is notified on Form 1 under the Defence (General) Regulation 33b—that is, of course, if the name and particulars are forthcoming. This form is then sent to the appropriate Medical Officer of Health of the County or County Borough in which the contact resides and the case is followed up in the usual way.

In order to check up in the future that a contact in Portsmouth attends, it is proposed to give every new case of syphilis or gonorrhoea, man or woman, a contact card with details of the patient's number and times of clinic, etc., which he or she will give to his or her contact.

Help and advice have been given as follows :—

1. THE INTRODUCTORY INTERVIEW.

Fear of the unknown which most people experience when entering any hospital for the first time (and in the case of a person who is attending the V.D. Clinic, a sense of shame and fear of being seen coming into the Clinic) make her reception a matter of great importance, and often it will be a basis of her future co-operation in treatment. Every patient, new and old, is seen before examination. In many cases she is suffering from a guilty conscience, and although it eventually transpires that there is nothing wrong with her and her fears of long treatment are dispelled, much can be done in making the patient realize the folly of her having intercourse before marriage or with another man who is not her husband.

Other patients present themselves with a letter from their private doctor with the obvious information that they are infected. Often the patient is fearful of treatment and anxieties beset her on all sides as to how the trouble is going to affect her family, or, if the woman is pregnant, how it will affect the child. Confidence is soon gained, and it is a tremendous help to reassure the patient that no person outside the Clinic will have knowledge of what she is suffering from unless she herself gives her permission.

2. THE INTERVIEW FOLLOWING DIAGNOSIS OF VENEREAL DISEASE.

When the results of blood tests are given and the diagnosis of venereal disease made, the patient is usually seen again, and the need to attend regularly and adhere to the instructions of the doctor is emphasised, and she is warned of the danger of infecting other people. Any difficulties, such as inability to meet fares and times of attendance, are discussed and made as easy as possible. Obviously, if a person is working, she does not want to create suspicion at her work by asking for time off during the day. This is especially difficult when the patient is recommended to have penicillin treatment lasting ten days.

It is at this time that the patient is questioned as to the whereabouts of her contact, and if few particulars are available, she is asked to try and obtain them before she next visits the Clinic.

In the case of the expectant mother, sometimes accommodation for her confinement has to be altered, as it is not usual for a midwife to deliver a woman suffering from syphilis in her own home. Perhaps she has several other children and, if her husband is away in one of the Services, they, too, have to be accommodated while the mother is away. The Social Welfare Committee are very helpful in that they will take the children in the Institution Nursery or the Cottage Homes if such an emergency arises.

The single girl suffering from syphilis who is expecting an illegitimate child is a difficult problem, because of the acute shortage of accommodation all over the country for cases of this nature. Sometimes she feels bound to enlist the confidence of one member of the family who will see her through the confinement, or when this is not the case, she is admitted to hospital or

one of the Church Army Homes especially set aside to take expectant mothers with V.D. The future of the child, even if not infected, is a poor one, because if the girl for some reason cannot keep the baby there is no possibility of adoption. Few Homes, such as Dr. Barnardo's Homes, or Church of England Children's Society, will accept such cases, and then the Institution has to be considered. There is no doubt that, as far as care is concerned, the children are well looked after there, but they are deprived of a normal home life.

If a child with inherited syphilis is brought to the Clinic before any symptoms have manifested themselves, it is difficult to convince the parents that prolonged treatment is necessary, especially if the child is of an age when it realizes that every time it comes to the Clinic it is going to be hurt by the injections. The N.S.P.C.C. co-operate to the full in trying to persuade the parents to bring the child, but they have no legal support behind them to enforce this. It will be remembered that in last year's report it was suggested that the Ministry of Health should be approached with a view to making congenital syphilis notifiable. This was done, but with little success, as it appears that the plan was suggested early in the war, but was found not to be economic in view of the small number (300) new cases each year. In the meantime, children are still to be allowed to suffer for the faults of their parents.

3. THE NON-VENEREAL DISEASE PATIENT.

The majority of patients who attend the Clinic have nothing the matter with them, but often there are as many problems in their lives as with an infected person. The woman may attend because she knows her husband has been unfaithful and she feels that she would like to "make sure". The relief of knowing she is well may be great, but perhaps her husband decides to leave her and there is the worry of how she is to support the family. Here the help of the Magistrates' Department is enlisted and they eventually secure a separation allowance. The "under fives" are admitted to the Day Nursery and the "over fives" are arranged for during the day to have school dinners. This frees the woman to augment her income and go out to work.

The patients with V.D. phobia are always a problem. If they are infected, it is difficult to convince them when treatment and surveillance are completed, and they return repeatedly, as they cannot find ease of mind or conscience; it is equally difficult to reassure those who are not infected and prevent them from being unhappy. To help them a psychiatrist is needed, as the psychological trouble underlying the phobia may be deeply rooted in the past.

DEFENCE (GENERAL) REGULATION 33B.

During the year there have been eight contacts notified once and three notified twice. Nine patients are still attending the Clinic who were

notified previous to 1946. There have been no prosecutions during the year, as all three patients who have been notified twice have attended fairly regularly, and if not, one visit has usually proved successful to persuade them to attend again.

STATISTICS RELATING TO THE WORK OF THE ALMONER.

1.	PATIENTS DEALT WITH FOR THE FIRST TIME UNDER REGULATION 33b DURING 1946 :	
	Patients attending regularly	6
	Patients who refuse to attend	1
	Transferred to Holloway Prison	2
	Transferred to another clinic	1
	Patients not traced	1
		— 11
2.	PARTICULARS DURING 1946 OF PATIENTS REPORTED UNDER REGULATION 33b IN PREVIOUS YEARS :	
	Patients attending regularly	9
	Patients attending irregularly	3
	Patients who refuse to attend	2
	Patients confined to Holloway Prison	1
	Patients moved away to address unknown	3
		— 18
3.	NUMBER OF CASES REGISTERED AS NEEDING HELP ..	405
4.	NUMBER OF VISITS PAID	410
5.	NUMBER OF INTERVIEWS	1,092
6.	CONTACTS MADE WITH OUTSIDE ORGANISATIONS :	Cases
	Portsmouth Corporation Departments	40
	Police Headquarters	28
	Other Local Authorities	19
	Church Army	27
	Other Voluntary Societies, <i>e.g.</i> , N.S.P.C.C., Dr. Barnardo's Homes, etc.	22
	Hospitals and Clinics	26
	Remand Homes and Approved Schools	4
	Miscellaneous	12
		— 178

WORK OF THE TUBERCULOSIS SERVICE

By the Tuberculosis Officer.

1. LANGSTONE SANATORIUM.

The policy of limiting admissions to earlier types of case and the continuance of treatment for those who received initial treatment elsewhere has been carried out throughout the year, and the 24 beds have been kept fully occupied.

Beach Lodge was opened during the year and the 10 beds were at first occupied on an approximate ratio of 8 females to 2 children.

2. INFECTIOUS DISEASES HOSPITAL.

Admissions and discharges in wards M.1 and M.2 have been considerably accelerated during the year. Admissions, 262 in 1946, as compared with 186 in 1945. This gives only a bare minimum period per patient in hospital of about three months, requiring a continuance of treatment at home, often under difficult conditions.

3. THE ROYAL NATIONAL HOSPITAL, VENTNOR.

The 25 beds available for Portsmouth cases have been kept fully occupied.

During 1947 it is hoped that cases requiring major surgery may be referred to Ventnor.

4. NON-PULMONARY TUBERCULOSIS.

Cases of tuberculosis of the bones, joints, glands, etc., continue to be seen at the Clinic. Consultations are made with Mr. Evans, the Medical Superintendent of the Lord Mayor Treloar Hospital at Alton, who sees an average of 10 cases per month at the School Clinic.

Children are admitted to the Lord Mayor Treloar Hospital, Alton; adult patients are admitted to Saint Mary's Hospital, Morland Hall, or the Royal Sea-Bathing Hospital at Margate.

5. THORACIC SURGERY.

Arrangements were made during the year with the Thoracic Surgeon of Bournemouth West Hants Hospital for consultation and advice, and 15 cases were admitted to the Hospital for operation.

6. ARTIFICIAL PNEUMOTHORAX.

Clinics for this purpose are now held three times weekly. Patients now attend for screening at Saint Mary's Hospital and proceed to the clinic for their refills. During the coming year it is hoped to obviate the delay caused by the journey between Hospital and Clinic by carrying out artificial pneumothorax refills at Saint Mary's Hospital. During the year 31 cases have been referred for adhesion cautery, of which 28 had successful results.

7. GOVERNMENT MAINTENANCE GRANTS.

Payment of the Government Maintenance Grant has continued in those cases who are referred by the Almoner on the recommendation of the Clinical Tuberculosis Officer. The grant has proved of particular value not only to those patients who are undergoing domiciliary and sanatorium treatment, but to those who are in part-time employment.

The purpose of the grant, of course, is the war-time ideal of restoring patients to useful work, but a considerable number of cases have received the grant for the maximum period, and have been referred to the Social Welfare Committee. In several of these cases it has been necessary for the Voluntary Tuberculosis Care Committee to grant weekly income supplementation.

8. FREE MILK SCHEME.

The number of tuberculous persons receiving free milk on 31-12-46 was 69.

9. VOLUNTARY CARE COMMITTEE.

The Voluntary Care Committee is a valuable adjunct in the clinic and hospital work. It has been beneficial especially in cases who do not receive Government grant or pension, and has helped in assisting the Almoner with the welfare of patients.

A report submitted by me to the Executive Committee, suggesting changes in the Constitution of the Voluntary Care Committee, was, with one or two minor alterations, accepted. As a result the following sub-committees of the Executive Committee have been formed: Business Sub-committee, Samaritan Sub-committee, and Assessments Sub-committee. Closer links with the Almoner and health visitors have been encouraged with resulting improvements in the after-care of patients.

10. REHABILITATION.

Rehabilitation of patients is started at the earliest possible stage and continued throughout treatment. As an after-care measure, and to satisfy and embellish our commitments with the Ministry of Labour, a new Clinic session for this purpose is included once per week.

In addition to compiling and reporting details of patients required by the Ministry of Labour for finding suitable employment, the work of the Clinic has also achieved success from direct liaison with employers. The total number of cases considered was 120 for the period 1st July to 31st December.

Preliminary discussions were held with representatives of the Disabled Persons Employment Corporation Limited on the question of opening a factory in Portsmouth for the employment of tuberculous patients, under sheltered conditions. There are approximately 200 patients who could be so employed, of whom 75% are males.

11. DOMICILIARY VISITING BY HEALTH VISITORS.

A total of 5,808 visits were paid to the homes of patients by health visitors during 1946. Shortage of beds, a longer waiting list, and the low housing standard have thrown a strain on the resources of the visiting staff.

12. B.C.G. VACCINATION.

It was decided to undertake an experiment as to the efficacy and safety of B.C.G. Vaccination. A weekly supply of vaccine was procured from Gothenburg, and it was decided to follow the intra-cutaneous method used at the Clinic of Dr. Wassen of Gothenburg.

The cases selected were : (a) contacts of definite cases of tuberculosis ; (b) children who were referred to the Clinic for opinion and who were found not to have tuberculosis ; (c) nursing staff with a negative Mantoux test, and (d) cases who were referred by practitioners for vaccination. Parental consent was procured in each case. It was decided that each person receiving vaccination should definitely react negatively to tuberculin and care was taken to determine this. Most prospective vaccination cases had a preliminary Vollmer patch test and before proceeding to vaccination, confirmatory Mantoux testing was carried out, using strengths 1 and 2, *i.e.*, before vaccination was proceeded with, it was definitely established that the subject did not react to tuberculin to a strength of 1/1,000. In the case of infants below the age of six months, however, a Vollmer patch negative was sufficient indication of negative sensitivity and in these vaccination was proceeded with.

Before proceeding with vaccination each child received a careful clinical or X-ray examination, and where there were any clinical signs in the chest, where the subject appeared poorly nourished, or where the risk of contact infection had been considerable, vaccination was deferred for a further six weeks, until another skin test had been performed and found negative, and in the interim period appropriate observation and any necessary treatment was carried out.

The total number of children considered was 490 ; 292 were found to be negative to a Mantoux test and 163 of this number received an intracutaneous dose of vaccine ; 100 receiving 0.10 mg. and the remainder receiving 0.05 mg. Six weeks later the children were tested by various tests to discover whether they had become sensitive to tuberculin.

A careful analysis was made of social, hygienic and nationality factors. The intelligence of the children and parents was carefully assessed and a special note was made as to whether there had been any risk of contact infection. The survey of these factors was assessed numerically, the possible aggregate being 100%. This aggregate was referred to as the Public Health Standard. Those vaccinated were observed carefully.

Certain tests were made with healthy unvaccinated children. Statistical survey of tests and results at varying age groups were compiled. Over 90% of vaccinated tuberculin negative children became tuberculin positive. Taking Mantoux testing as a standard, patch testing is only 65% efficient.

The majority of the parents were co-operative, and this possibly was due to the public interest which had been aroused by press announcements, etc.

Of the 292 negative cases, only 55% were immunised. This was due to the following factors :—

(1) Failure to gain parental consent	.. .. .	6
(2) In cases who did not attend when requested	.. .. .	42
(3) The results of skin tests were equivocal	.. .. .	12

- (4) The clinical condition in regard to possible tuberculous infection, in spite of negative testing, was in doubt and a further period of observation was desirable . . . 32
- (5) Where segregation of positive cases or those vaccinated could not be ensured 29
 (Wallgren, 1934, emphasizing the irregularity in deviation of the allergic stage, insisted that the post vaccination segregation should last until a positive reaction was obtained.)

Of those immunised, 5% were sent by doctors for immunisation, 55% were contact cases and 40% were cases referred to the Clinic for opinion, and being found free from tuberculosis were otherwise fit.

The intra-cutaneous dose was given with little difficulty in most cases and caused no appreciable upset. In sixteen cases, however, local inflammatory changes, some of which went on to abscess formation, took place. All these were dealt with effectively. Abscess formation was not correlated with a low Public Health Standard.

Summarising, the experiment confirms that in practically all cases vaccinated, conversion from a negative to a positive tuberculin skin test takes place.

Secondly, the method is free from risk, and this is confirmed by various tests which were carried out in vaccinated and unvaccinated groups of healthy children.

Thirdly, the weight of the problem of vaccination depends on the recorded skin test negative percentages in various age groups, and it varies directly with age.

Fourthly, the statistical survey of the various tests showed that patch testing was much inferior to Mantoux testing in the determination of tuberculin sensitivity, both before and after vaccination.

Fifthly, the reasons why all tuberculin negative children were not vaccinated are given.

Sixthly, the only complication, namely, inflammatory change, was not related to a low Public Health Standard.

13. GENERAL.

The usefulness of the Clinic to practitioners and public is reflected in the increasingly large number of patients referred for opinion and attending for treatment.

The efficacy of B.C.G. Vaccine can only be measured adequately after several years of patient administration to children and those susceptible to develop the disease, but the present report shows that its use is completely safe, and that no untoward developments are likely to occur, and this alone is of great encouragement in the advance of knowledge necessary to solve the Public Health problem of tuberculosis.

TREATMENT OF TUBERCULOSIS.
TABLE SHOWING THE WORK OF THE DISPENSARY DURING 1946. (Numbers in brackets are those for 1945.)

DIAGNOSIS	PULMONARY				NON-PULMONARY				TOTALS				GRAND TOTAL	
	ADULTS		CHILDREN		ADULTS		CHILDREN		ADULTS		CHILDREN			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
A. New Cases examined during year (excluding Contacts):—														
(a) Definitely Tuberculous ..	218 (267)	139 (179)	12 (9)	15 (3)	11 (7)	25 (10)	23 (20)	14 (13)	229 (274)	164 (189)	35 (29)	29 (16)	457 (508)	
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	39 (27)	38 (34)	29 (25)	32 (26)	138 (112)	
(c) Not Tuberculous ..	—	—	—	—	—	—	—	—	222 (88)	359 (237)	147 (76)	98 (66)	826 (467)	
TOTALS ..									490	561	211	159	1421	
B. Contact Cases (New) examined during the year:														
(a) Definitely Tuberculous ..	4 (5)	4 (7)	2 (3)	5 (8)	—	—	1	—	4 (5)	4 (7)	3 (3)	5 (8)	16 (23)	
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	10 (4)	39 (27)	46 (23)	52 (28)	147 (82)	
(c) Not Tuberculous ..	—	—	—	—	—	—	—	—	48 (46)	182 (165)	129 (102)	109 (114)	468 (427)	
TOTALS ..									62	225	178	166	631	
C. Cases written off Register as—														
(a) Recovered ..	34 (34)	49 (36)	8 (3)	7 (2)	1 (—)	1 (3)	5 (11)	2 (9)	35 (34)	50 (39)	13 (14)	9 (11)	107 (98)	
(b) Not Tuberculous (Cases previously diagnosed as Tuberculous and entered on Register) ..	3 (17)	7 (9)	1 (4)	— (1)	—	(1)	2 (2)	— (3)	3 (17)	7 (10)	3 (6)	— (4)	13 (37)	
TOTALS ..	37	56	9	7	1	1	7	2	38	57	16	9	120	
D. Number of Cases on Register 31-12-46—														
(a) Definitely Tuberculous ..	973	693	19	30	50	65	70	48	1023	758	89	78	1948	
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	49	77	75	84	285	

1. Number of cases on Register 1st January, 1946 1,800
2. Number of Attendances at Dispensary during 1946 13,644
3. Number of specimens of Sputum examined during 1946 1,642
 (Positive 359 — 21.86%)
4. Cases written off during 1946 as "Dead" 141
5. Number of visits by Health Visitors or Nurses to patients' homes for Dispensary purposes 5,808

TUBERCULOSIS.
NEW CASES AND MORTALITY DURING 1946.

AGE PERIODS	*NEW CASES				DEATHS			
	PULMONARY		NON-PULMONARY		PULMONARY		NON-PULMONARY	
	M.	F.	M.	F.	M.	F.	M.	F.
0 to 1	- (-)	2 (-)	- (4)	- (3)	- (-)	1 (-)	- (2)	- (3)
1 to 5	2 (2)	4 (3)	9 (8)	3 (3)	2 (1)	- (-)	2 (5)	2 (4)
5 to 15	13 (11)	11 (6)	15 (15)	20 (11)	2 (1)	1 (1)	1 (5)	3 (1)
15 to 25	63 (74)	65 (87)	6 (4)	7 (10)	10 (15)	11 (13)	2 (1)	1 (4)
25 to 35	67 (66)	49 (68)	4 (3)	8 (-)	10 (14)	17 (12)	- (-)	- (-)
35 to 45	44 (59)	24 (20)	1 (-)	1 (1)	20 (16)	10 (8)	- (-)	- (-)
45 to 55	43 (58)	14 (10)	1 (-)	- (-)	13 (15)	5 (4)	- (-)	- (-)
55 to 65	29 (18)	6 (7)	- (-)	2 (-)	17 (15)	1 (4)	- (-)	- (-)
65 and over .. .	9 (6)	5 (3)	- (-)	- (-)	5 (6)	4 (4)	- (-)	1 (-)
TOTALS .. .	270 (294)	180 (204)	36 (34)	41 (28)	79 (83)	50 (46)	5 (13)	7 (12)

*Includes all primary notifications and new cases which came to the notice of the M.O.H. by other means.

Of the 141 deaths registered, 16 Pulmonary cases (11.34%) had not been notified during life as suffering from the disease.

Note.—Numbers in brackets are those for 1945.

NUMBER OF CLINIC SESSIONS HELD WEEKLY.

	Morning	Afternoon	Evening	Total
HEAD CLINIC, FRATTON ROAD :				
New Cases	5	—	—	5
Artificial Pneumothorax	—	2	1	3
Reporting Back	4	1	1	6
Contacts	1	—	—	1
Children	—	1	—	1
Special Investigation	1	—	—	1
Skin Testing and Vaccination	1	—	—	1
TOTALS	12	4	2	18

ANALYSIS OF CASES AND TREND OF ATTENDANCE AT THE CLINIC.

	New Cases for Opinion	Definite New Cases	Contacts	Definite Contacts	Reporting Back	Total Attendances
January ..	152	61	55	1	881	1,088
February ..	122	42	47	3	953	1,122
March ..	94	26	39	2	1,023	1,156
April ..	145	48	54	3	831	1,030
May ..	130	49	66	1	925	1,121
June ..	94	38	29	1	983	1,106
July ..	151	45	77	2	1,019	1,247
August ..	107	36	50	1	830	987
September ..	97	30	48	—	904	1,049
October ..	137	35	97	—	1,384	1,618
November ..	103	27	36	—	807	946
December ..	89	20	33	2	1,052	1,174
Total Attend'cs 1945	1,421 (1,087)	—	631 (532)	—	11,592 (9,161)	13,644 (10,780)
Definite New Cases .. 1945	—	457 (508)	—	16 (23)	—	473 (531)

ARTIFICIAL PNEUMOTHORAX CASES.

	Men	Women	Total
No. of Cases induced during 1946 by Tuberculosis Officer	38 (23)	32 (21)	70 (44)
Receiving Refills : On Register 31-12-46	75	57	132

NON-PULMONARY CASES ADMITTED TO SANATORIA DURING 1946.

Region Affected	AGES												Total	
	0 to 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Neck Glands ..	1	—	1	2	2	—	3	1	1	1	—	1	8	5
Abdomen ..	—	—	1	1	—	—	—	1	—	1	1	1	2	4
Hip ..	1	1	2	1	1	—	—	—	—	—	—	—	4	2
Spine ..	4	1	—	—	—	1	—	1	—	2	1	—	5	5
Ankle ..	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Skin ..	—	—	—	—	—	—	—	—	—	1	—	1	—	2
TOTALS ..	6	2	4	5	3	1	3	3	1	5	2	3	19	19

GOVERNMENT MAINTENANCE SCHEME.

No. of Cases in receipt of Grant, 31st December, 1945	..	..	..	309
No. of Cases added during the year 1946	..	..	..	165
			TOTAL	474
No. of Cases where Grant was discontinued	..	..	..	308
No. of Cases in receipt of Grant, 31st December, 1946	..	..	..	166

Of the 258 cases where Grant was discontinued during the year, 180 patients returned to work and 33 died.

ADMISSIONS, DISCHARGES AND ARTIFICIAL PNEUMOTHORAX CASES AT THE INFECTIOUS DISEASES HOSPITAL.

				1946	1945
Admissions	..	..	..	262	186
Discharges	..	..	..	218	126
Deaths	..	..	..	46	44
A.P. Inductions	..	..	..	58	46
Number receiving A.P. Refills 31-12-46	..	..	..	25	20

RECOMMENDATIONS FOR INSTITUTIONAL TREATMENT.

1946	..	..	..	375	1944	..	..	..	388
1945	..	..	..	436	1943	..	..	..	351

OTHER CONDITIONS DIAGNOSED.

Bronchitis and Bronchiectasis.	Pulmonary Catarrh.
Anaemia.	Non-Tuberculous Pneumothorax.
Post-Pneumonic Consolidation.	Empyema.
Virus Pneumonia.	Conditions due to inhalation of dust.
Pulmonary Fibrosis.	Common Cold.
Asthma.	Silicosis.

MASS RADIOGRAPHY.

By the full-time Director of the Unit.

SURVEYS PERFORMED.

The Unit went to Bournemouth in January of the year under review, returning to Portsmouth early in May. A detailed statistical summary of the work carried out at Bournemouth, where 15,238 men, women and children of school leaving age were examined, has been prepared and is summarised below. The Unit worked at Portsmouth during May, June and July, and in August went to the County Borough of Southampton for the remainder of the year. A summary of the figures for Portsmouth is given below, and it should be noted that this period included the staff holidays. As the detailed figures show, we concentrated on the school children at Portsmouth. The Southampton Survey was completed in December, when the Unit returned to Saint Mary's Hospital.

The Southampton figures include a survey of a Mental Deficiency Colony; the figures for this colony are recorded separately throughout, as some may consider that they should not be included in a cross-section of the public.

MOBILITY.

The Unit has now considerable experience, as a result of the year's working, of the difficulties associated with and the improvisations necessary for, moving to different areas and factories. A move was made from the headquarters at Southampton, for instance, in order to facilitate the X-raying of factory employees.

RESULTS.

It will be seen from Table III (page 64) that there has been an increase of 74% in the numbers who have passed through the Unit. This is not the whole picture, however, since this figure does not include the, now large, number of individuals who attended the "follow-up clinic". The importance of the latter may be seen from the fact that of the 1945 Portsmouth cases attending this clinic in 1946, five men and three women were found to be suffering from active pulmonary tuberculosis and to be in need of treatment, and were referred accordingly.

The number of individuals of whom large films were taken at this clinic is included in the large film column of Table III, but is *not* included in that column of the same table which shows the numbers fluorographed. Thus, the percentage recalled for large films may appear to be unduly high owing to this inclusion, but even so, it will be seen that although more films were taken, the percentage recalled for large films is falling. This results in economy and reflects credit on the staff for improvement in technique. The percentage recalled for interview is the same as in 1945, with the difference that the majority under this heading in 1946 were also examined clinically.

It will thus be seen that the work of the Unit has greatly increased during the year under review, an achievement which would have been impossible without the ready shouldering of the heavy extra burden by all members of the team.

TUBERCULOSIS.

The combined rate of cases of active tuberculosis for both sexes found during the year is 3.9 per thousand individuals examined. This is a very significantly high figure, especially when it is realised that the great majority of these individuals are apparently fit people; only a few have attended the Unit because they have been doubtful about themselves. It is impossible to estimate the number of contact-cases of tuberculosis which have been prevented by the finding of these cases.

I believe that it cannot be too greatly stressed that mass radiography is of such immense value in discovering cases and thereby preventing the development of others, and I make a strong appeal for more propaganda to the public and to employers, both about pulmonary tuberculosis and mass radiography. The opinion that "once one has tuberculosis one is finished" is still far too prevalent among the general public, and propaganda must emphasise that tuberculosis in its early stages is not the dread disease which public opinion makes it out to be, and should stress that early tuberculosis is curable. It should also be emphasised that there are more people walking about the streets to-day who have had pulmonary tuberculosis without being aware of it, and who have healed it themselves without any special treatment, than there are in all the sanatoria in the country combined. Such propaganda should be undertaken locally as well as nationally, because until the public is aware of the essential facts about tuberculosis, especially that it is a curable disease, there will always remain some suspicion about mass radiography and some dread of submitting to examination. Everyone with a knowledge of tuberculosis is aware of the untold misery which a chronic case can cause.

PRESENT TREND OF THE INCIDENCE OF PULMONARY TUBERCULOSIS.

Table VI shows the number of cases of active disease found in the different areas surveyed, divided into age groups, and this table is deemed to be of such great importance that I feel that the combined figures for the year must be reproduced in this section.

	Under 17		17-24		25-34		35-44		Over 45		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Total Examined ..	4789	4932	1996	4726	4108	3449	4270	3062	5022	2541	20185	18710
Number of Cases ..	4	21	9	38	9	11	20	6	27	5	69	81
Rate per 1,000 Examined ..	0.84	4.26	4.51	8.04	2.19	3.19	4.68	1.96	5.38	1.97	3.41	4.33

Females. This part of the table shows the significant facts that the age of greatest incidence in females is the 17-24 group (8 per thousand examined) and that the next highest is the under 17 group ($4\frac{1}{4}$ per thousand examined). Both groups combined contain more than 72%, or nearly three-quarters, of all cases of pulmonary tuberculosis found in women. Reference to Table VI will show that the same tendency is present in each area. The three female cases already referred to, diagnosed as active cases at the follow-up clinic, were all under twenty years of age—a similar finding.

Males. This tendency is not evident in the figures for males, where the highest incidence is seen to be in the over 45 age group, the under 17 group showing the lowest incidence. The incidence in males is nearly one case per thousand lower than in females and is spread more evenly throughout the age groups, with the familiar rise in the 17-24 group. This incidence is best visualised in the Graph (Table VIII, page 67).

Of the five male cases found to be active at the follow-up clinic, two were in the 17-24 group, two in the 25-34 group and one was over 45. These also follow the same trend.

Areas. With regard to the different areas it will be noted that Bournemouth has the lowest incidence rate, as would be expected in a non-industrial area, although there may be other factors helping to keep the rate lower. The figures for Portsmouth and Southampton are similar to each other and those for the Mental Colony are considerably higher.

OTHER DISEASES.

Reference to Table VII will show that the work of the Unit is by no means confined to the diagnosis of tuberculosis, and in this table the more important of the other abnormalities are shown. Thus, eleven cases of new growth of the lung (all malignant) and seven growths in other parts (some malignant), six cases of aneurysm, including one cardiac aneurysm which is probably the biggest I shall ever see, and one case of syphilis of the lung were found, in addition to two cases of the rare condition of diaphragmatic hernia.

TABLE I.
NUMBERS OF INDIVIDUALS ATTENDING FOR MINIATURE X-RAY

	AREA				Total
	Bournemouth	Portsmouth	Southampton	Mental Colony	
Male ..	7,289	2,663	9,912	321	20,185
Female ..	7,949	3,632	7,129	—	18,710
Total ..	15,238	6,295	17,041	321	38,895

TABLE II.
NUMBERS RECALLED

	AREA								Total		
	Bournemouth			Portsmouth		So'ton		Mental Colony			
	For Large Film	For Inter-view	For Exam	For Large Film	For Exam	For Large Film	For Exam	For Large Film	For Exam	For Large Film	For Exam
No. of Individuals	975	353	111	564*	156	997*	577	35	—	2571*	1197
Percentage of those X-rayed	6.4	3.0		8.9	2.5	5.9	3.4	10.9	—	6.6	3.1

*Includes those attending for "follow-up" X-ray—see Page 61.

TABLE III.
COMPARATIVE FIGURES.

	YEAR		
	1944	1945	1946
No. of Individuals Fluorographed ..	6,830	22,351	38,895
No. of Individuals recalled for Large Films	649 (9.5%)	1,753 (7.8%)	2,571 (6.6%)*
No. of Individuals recalled for Examination	120 (1.7%)	683 (3.1%)	1,197 (3.1%)

*Includes those attending for "follow-up" X-Ray—see page 61.
This table shows a rise of 74% in those X-Rayed compared with 1945.

TABLE IV.
CASES SHOWING EVIDENCE OF PULMONARY TUBERCULOSIS
(ALL TYPES)

	AREA				Total
	Bournemouth	Portsmouth	Southampton	Mental Colony	
Male	238 (3.3%)	93 (3.5%)	278 (2.8%)	31 (9.7%)	640 (3.2%)
Female	222 (2.8%)	119 (3.3%)	189 (2.7%)	—	530 (2.8%)
Total	460 (3.0%)	212 (3.4%)	467 (2.7%)	31 (9.7%)	1,170 (3.0%)

TABLE V.
CASES OF ACTIVE PULMONARY TUBERCULOSIS,
BY TYPE OF DISEASE.

	AREA								Total	
	Bournemouth		Portsmouth		Southampton		Ment'l Colony		M.	F.
	M.	F.	M.	F.	M.	F.	M.	F.		
Total Examined ..	7,289	7,949	2,663	3,632	9,912	7,129	321	—	20,185	18,710
C Primary ..	—	—	1	3	—	2	—	—	1	5
A Post-Primary ..	14	21	10	15	36	37	4	—	64	73
E T.B. Effusion ..	2	3	1	—	1	—	—	—	4	3
Total Cases ..	16	24	12	18	37	39	4	—	69	81
Rate per 1,000 Examined ..	2.20	3.02	4.51	4.96	3.73	5.47	12.46	—	3.41	4.33
Combined rate per 1,000 Examined	2.63		4.77		4.40		12.46		3.86	

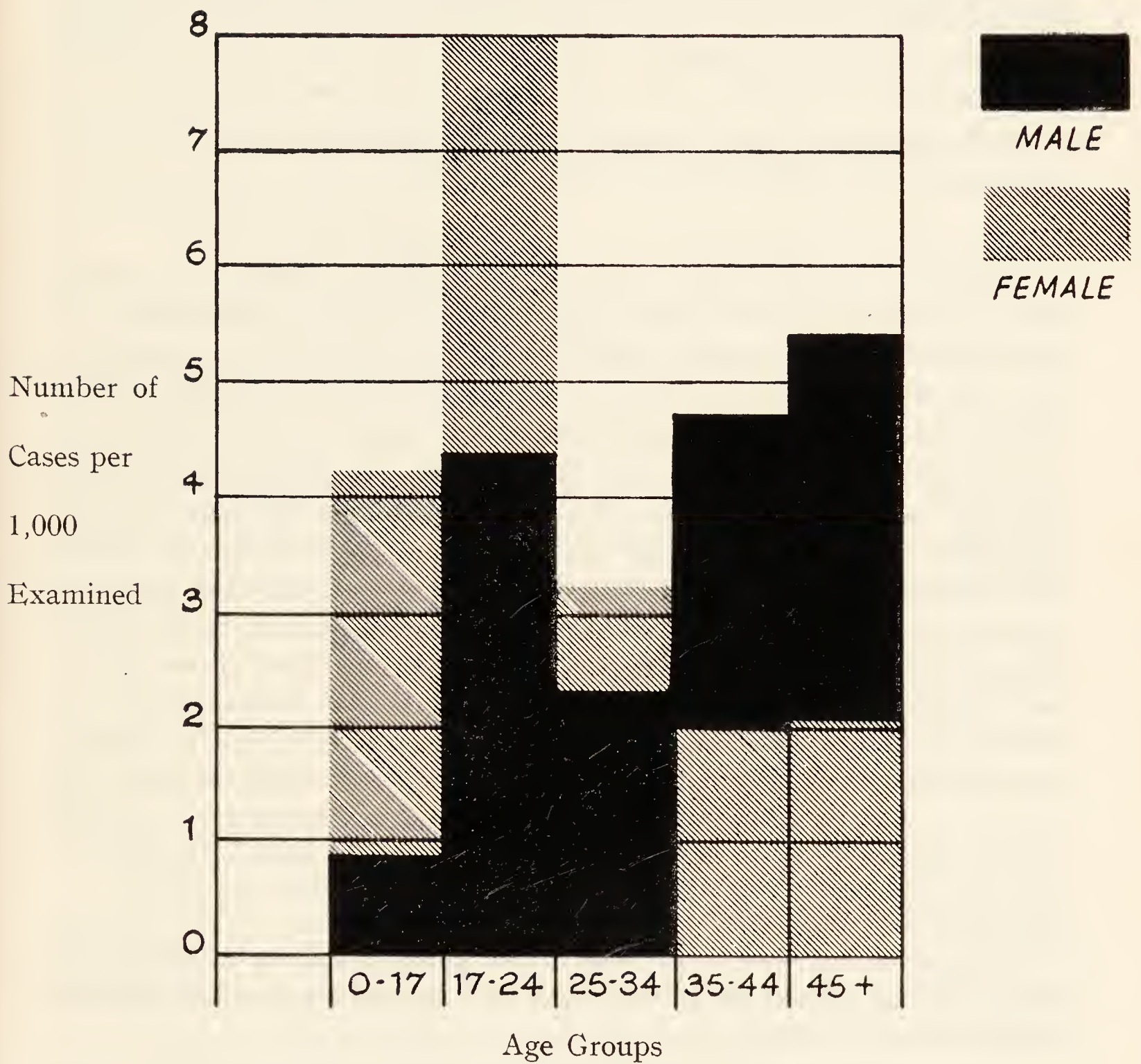
TABLE VI.
CASES OF ACTIVE PULMONARY TUBERCULOSIS,
 BY AGE GROUP.

AREA	AGE GROUP											
	Under 17		17-24		25-34		35-44		Over 45		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
B O U R N E H	1,444	1,510	494	1,769	1,174	1,657	1,787	1,620	2,390	1,393	7,289	7,949
	—	9	—	7	1	3	6	2	9	3	16	24
	—	5.96	—	3.96	0.85	1.81	3.36	1.23	3.77	2.15	2.20	3.02
P O R T S	1,791	1,546	176	731	251	598	207	405	238	352	2,663	3,632
	3	9	3	6	2	1	1	1	3	1	12	18
	1.68	5.82	17.05	8.21	7.97	1.67	4.83	2.47	12.61	2.84	4.51	4.96
S O U T H	1,484	1,876	1,232	2,226	2,610	1,194	2,226	1,037	2,360	796	9,912	7,129
	1	3	4	25	4	7	13	3	15	1	37	39
	0.67	1.60	3.25	11.23	1.53	5.86	5.84	2.89	6.36	1.26	3.73	5.47
M E N T A L	70	—	94	—	73	—	50	—	34	—	321	—
	—	—	2	—	2	—	—	—	—	—	4	—
	—	—	21.28	—	27.40	—	—	—	—	—	12.46	—
B I N E D	4,789	4,932	1,996	4,726	4,108	3,449	4,270	3,062	5,022	2,541	20,185	18,710
	4	21	9	38	9	11	20	6	27	5	69	81
	0.84	4.26	4.51	8.04	2.19	3.19	4.68	1.96	5.38	1.97	3.41	4.33

TABLE VII.
SOME OTHER FINDINGS.

Abnormality	AREA						Total		
	Bournemouth		Portsmouth		Southampton including Mental Colony				
	M.	F.	M.	F.	M.	F.			
Total Abnormalities found	694	561	185	261	1,142	564	1,386	2,021	3,407
Included in the above :—									
PULMONARY									
New growth of lung	2	1	1	—	5	2	3	8	11
Syphilis of lung	—	—	—	—	—	1	1	—	1
Bronchiectasis	6	3	1	4	16	6	13	23	36
Pneumokoniosis	6	—	1	—	3	—	—	10	10
Pneumonia	5	2	3	4	7	6	12	15	27
Fibrosis (non-tuberculous)	71	31	7	11	23	9	51	101	152
Sarcoidosis	—	—	—	—	—	1	1	—	1
CARDIO-VASCULAR.. .. .	67	46	9	26	101	51	123	177	300
Including—									
Aneurysm	—	—	—	—	4	2	2	4	6
Cardiac Failure	—	—	—	—	5	3	3	5	8
BONY	56	105	27	41	149	115	261	232	493
NON-PULMONARY TUBERCULOSIS	—	—	—	—	2	—	—	2	2
MISCELLANEOUS									
Other new growths	—	1	—	—	1	5	6	1	7
Diaphragmatic Hernia	1	—	—	—	1	—	—	2	2
Dextrocardia	1	5	—	—	2	3	8	3	11
Cystic Lung	1	—	—	1	1	—	1	2	3

TABLE VIII
 INCIDENCE BY AGE GROUPS
 ACTIVE TUBERCULOSIS



MATERNITY AND CHILD WELFARE

By the Maternity and Child Welfare Officer.

MATERNAL MORTALITY.

The maternal death rate during 1946 was 1.00 per 1,000 births, as compared with 0.69 for 1945.

Of the five deaths classified by the Registrar-General as maternal deaths, two were due to puerperal and post-abortive sepsis.

INSTITUTIONAL ACCOMMODATION.

Owing to the increasing demand for institutional maternity accommodation at Saint Mary's Hospital it was decided to transfer the ante-natal clinics from the small maternity ward to the former first aid post, thus releasing this ward for the accommodation of 10 more maternity cases.

The number of women confined in Hospital during the year was 1,704 as compared with 1,205 during the previous year.

ATTENDANCE AT ANTE-NATAL AND POST NATAL CLINICS.

There was a substantial increase in the number of attendances at the ante-natal and post-natal clinics (page 71) due to the increased birth rate and to patients attending these clinics earlier in pregnancy than heretofore. The number of patients attending ante-natal clinics represented 75.8% (72.6%) of the total registered births in the Portsmouth area during the year.

It will be seen from the table (page 71) that the number of patients attending for post-natal examination at the Fratton and Cosham clinics is negligible. It was thought that this was due to the fact that no special clinic was set aside for this purpose only. A survey of the attendances of expectant mothers at Fratton and Cosham clinics during the latter part of the year showed that as many as 80 to 100 mothers attended at one session, and it was felt that this number was too great to be dealt with satisfactorily. In view of these two factors arrangements were made to open more sessions for ante-natal work and, for the first time, a separate clinic for post-natal work. It was also proposed to appoint an assistant Maternity and Child Welfare Officer owing to the very large increase in the maternity work.

GAS AND AIR ANALGESIA.

The administration of gas and air analgesia continues to increase in popularity, and during the year the gas and air analgesia was administered to 697 domiciliary cases.

The course arranged at Saint Mary's Hospital to train midwives in the administration of gas and air analgesia to women in childbirth was continued throughout the year. The whole of the staff of the Portsmouth Domiciliary Midwifery Service are so trained.

INFANT MORTALITY.

There was a further decrease in the number of deaths of infants under one year per 1,000 born, namely, 34.05 as compared with 42.67 in 1945.

PREMATURE INFANTS.

In accordance with Circular 20/44 of the Ministry of Health, premature children were kept constantly under supervision by the health visitors, and the previous arrangement that all midwives should enter on the notification of birth cards the weight of every child of 5½ lb. and under, remains in operation.

The total number of premature babies notified during 1946 was 270, 83 of these were born at home and 187 in nursing homes and hospital. Of those born at home, five died during the first 24 hours and 74 were still surviving at the end of one month. Of those born in hospital or nursing home, 14 died during the first 24 hours, and 153 survived at the end of one month.

OPHTHALMIA NEONATORUM.

During the year there were 13 cases of ophthalmia neonatorum, of which two cases were admitted to hospital. In no case was there any resultant impairment of vision.

HEALTH VISITING.

In addition to visiting children under five years, the 12 health visitors on the staff of the Health Department also visit cases of tuberculosis, and attend the Tuberculosis Clinic.

The total number of visits paid by health visitors to children under five years during 1946 was 29,394, as compared with 22,716 for the previous year. According to Ministry of Health standards, however, the health visitor can only deal adequately with visits arising from 200 births per annum, *i.e.*, four visits during the first year, two during the second, and one during the third, fourth and fifth years.

To comply with these requirements in Portsmouth it would be necessary to have a staff of 25 health visitors engaged on child welfare work alone. As a first step in attaining this ideal, the Health Committee has made provision to augment their staff by three health visitors during 1947.

MATERNITY HOME HELPS AND DOMESTIC HELP SCHEMES.

The Home Help Scheme for women during confinement was continued throughout the year. At the end of the year 14 women were employed, and attended 101 cases, giving a total of 5,389 hours work. The popularity of this scheme has been less than expected. It is thought that the reason is because so many mothers do not like to hand over their domestic responsibilities to someone they do not know.

The scheme for Domestic Helps to be used in cases of emergency arising from sickness or similar cause was continued throughout the year. At the end of the year 27 women were employed, they attended 64 cases, giving a total of 12,318 hours work. Consideration was given during the year to the recommendation made in Circular 110/46 regarding methods of increasing the number of domestic helps, and various political organisations, social clubs, etc., were circularised regarding this service.

At the beginning of the year difficulty was still experienced in obtaining women to do this work, but by the end of the year the position had improved slightly. The irregularity of employment seems to be the greatest drawback, but to offset this a retaining fee of 5/- per week was introduced as from September, 1946.

All the home and domestic helps are part time. One whole time help was appointed, but great difficulty was experienced in organising the full number of hours weekly owing to the uncertainty of applications and to the fact that most applicants wish assistance during the morning hours. For the same reason it was not possible to fit her in temporarily in other sections of the department, *e.g.*, Day Nurseries.

FOSTER MOTHERS SCHEME.

Advertisements for foster mothers are regularly inserted in the local press, but the response is totally inadequate to meet the demand. Any replies which are received are investigated by the Maternity and Child Welfare Officer, who personally calls and inspects all premises before they are registered. Subsequent routine visits are paid by the health visitors, and in this way foster mothers are kept constantly under supervision.

At the end of the year there were 94 registered foster mothers in Portsmouth. During the year under review legal proceedings were taken against one foster mother in the City for failing to notify that she had a child in her care. She pleaded guilty and the case was proved and dismissed.

SUPPLY OF VITAMINS.

The Government scheme for giving prior claim to expectant and nursing mothers and children under five years in the supply of essential commodities, *e.g.*, milk, eggs and orange juice, continued during the year.

The uptake in Portsmouth of orange juice (vitamin C) is 33.3% (40.7%) of the potential and that of A & D tablets is 46.9% (45%). There has been an improvement in the uptake of cod liver oil which was 26.9% of the potential as compared with 16.3% last year.

It will be seen from the foregoing that there has been a reduction in the uptake of orange juice as compared with last year. It is felt, however, that this reduction is offset by the increased supplies of fresh oranges and other fruit which have been available, and also by the larger proportion of rose hip syrup for sale in the chemists.

The percentage of both the uptake of the Government cod liver oil and A & D tablets has increased during the latter part of the year. A scheme was introduced in January whereby a representative from the Food Office attends the ante-natal clinics both at Trafalgar Place and Cosham. The duties of this clerk are to supply the mother with her extra ration book, and simultaneously to supply the vitamins. This scheme is growing in popularity and is reflected in the increased percentage of cod liver oil, and vitamin tablets.

MATERNITY AND CHILD WELFARE STATISTICS.

MIDWIVES.

The practice of the midwives during the year was satisfactory, and the inspection of midwives' bags, books, appliances was carried out regularly.

	1946	1945
Number of Midwives practising in the City on December 31st ..	41	34
Total number of cases attended	2,892	2,738
Number of cases attended as Midwives	2,358	2,333
Number of cases attended as Maternity Nurses	534	405
Number of Midwives' cases in which Medical assistance was sought	899	810
Showing a percentage of	34.0	34.7
Amount paid by Local Authority to Medical Men in respect of above attendances	£1,345	£1,193
Amount paid as premiums under the Insurance Scheme	£586	£462
Amount recovered from Patients	£282	£383
Nett Cost to Local Authority	£477	£351
Percentage of Midwives' cases in which Medical assistance was sought for Insured cases	57.0	58.9
for Uninsured cases	43.0	41.1

DOMICILIARY SERVICE OF MIDWIVES.

Number of Municipal Midwives employed in Portsmouth ..	20	19
Number of cases booked	2,274	2,019
Number of patients delivered	1,650	1,463
Excluding holidays and sickness :		
Percentage of cases per midwife per month	7.9	9.2
Equivalent percentage of cases per midwife per annum	95.2	98.8
Average weekly number of bookings	43.7	39.2

ANTE-NATAL AND POST-NATAL CLINICS.

Details of the work carried out at the Council's Ante-Natal and Post-Natal Clinics during the year are given below :—

	ANTE-NATAL				POST-NATAL			
	No. of Patients		Attendances		No. of Patients		Attendances	
	1946	1945	1946	1945	1946	1945	1946	1945
Fratton (three Clinics weekly)	1674	947	6334	3855	—	5	—	5
Cosham (one Clinic weekly)	344	235	1864	1090	—	—	—	—
Saint Mary's Hospital (five Clinics weekly)	1609	1437	17,184	15,507	1022	994	1533	1075
TOTALS	3627	2619	25,382	20,452	1022	999	1533	1080

The number of patients attending Ante-Natal Clinics in Portsmouth represents 75.8 (72.6) per cent of the women confined during the year.

CHILD WELFARE CENTRES.

The number of attendances, new cases and children seen by the Medical Officer at the Child Welfare Centres functioning during the year are as set out below :—

	Attendances	New Cases	Seen by the Medical Officer
Fratton (two afternoons per week)	13,292	1,217	2,185
Epworth Road (one afternoon per week) ..	11,808	825	1,073
Cosham (one afternoon per week)	4,499	292	831
Drayton Institute (one afternoon per week)	4,667	238	424
Eastney (two afternoons per week)	16,116	999	1,912
Portsea (one afternoon per week)	4,343	332	863
Stamshaw (one afternoon per week)	7,291	601	618
TOTALS	62,016	4,504	7,906
TOTALS for 1945	46,094	4,068	7,675

Dried Milk was issued from the Child Welfare Centres to expectant mothers, nursing mothers and infants, at a total cost of £8,961 (£7,823). Of this sum £8,218 (£6,580) was recovered from the patients.

Attendances at Child Welfare Centres during the year 1946, classified according to age of the child concerned, were as follows:—

Children from 0 to 1 year of age	51,378
,, ,, 1 to 2 years of age	7,182
,, ,, 2 to 5 years of age	3,456
	62,016
Total	62,016
Total for 1945	46,094

DAY NURSERIES.

The following are the statistical details relating to the five Day Nurseries already established in Portsmouth:—

	Admissions during the Year	No. on Register at 31st Dec.	Awaiting Admission 31st Dec.
GARFIELD ROAD DAY NURSERY (Complement 40)	37	42	} 260 Total
CLIFFDALE DAY NURSERY (Complement 60)	72	52	
ST. PETER'S DAY NURSERY (Complement 46)	57	40	
TWYFORD AVENUE DAY NURSERY (Complement 40)	48	41	
BRAMBLE ROAD DAY NURSERY (Complement 60)	64	55	

INSTITUTIONAL TREATMENT OF MATERNITY CASES.

	Saint Mary's Hospital	Royal Naval Maternity Home
No. of Maternity beds (exclusive of isolation and labour)	71	21
No. of Patients admitted	1,830	279
Average duration of stay	10 days	15 days
No. of cases delivered by—		
(a) Midwives	1,506	256
(b) Doctors	198	21
Cases in which Medical Assistance was sought by midwife	354	Doctor always available
No. of cases notified as Puerperal Pyrexia	6	—
No. of cases of Pemphigus Neonatorum	—	—
No. of Infants not entirely breast fed while in Institution	318	74
No. of cases notified as Ophthalmia Neonatorum	—	3
No. of Maternal deaths	5	—
No. of Foetal deaths—		
(a) Stillborn	73	3
(b) Within 10 days of birth	33	5

HOME VISITING.

The Health Visitors paid 30,175 (23,334) visits during the year :—

	Total Number of Visits	
	1946	1945
First Visits	5,631	5,000
Subsequent visits to Children from 0 to 1 year of age	8,143	6,600
" " " " from 1 to 2 years of age	5,624	4,186
" " " " from 2 to 3 years of age	3,758	2,969
" " " " from 3 to 5 years of age	6,238	3,961
Visits to cases of Ophthalmia Neonatorum	—	5
Other Visits	781	613

INFANT MORTALITY, 1946.

NETT DEATHS FROM STATED CAUSES AT VARIOUS AGES
UNDER ONE YEAR OF AGE.

CAUSE OF DEATH	Under 1 week	1 to 2 weeks	2 to 3 weeks	3 to 4 weeks	Total under 4 weeks	4 weeks and under 3 months	3 months and under 6 months	6 months and under 9 months	9 months and under 12 months	Total Deaths under 1 year
	Cerebro-spinal Fever	1	..
Whooping Cough .. .. .	..	..	..	..	..	..	1	..	..	1
Measles .. .. .	..	..	..	..	..	..	..	1	..	1
Pulmonary Tuberculosis .. .. .	..	..	..	..	..	..	..	1	..	1
Influenza .. .. .	..	..	..	..	..	..	1	..	..	1
Bronchitis .. .. .	..	..	..	1	1	2	1	1	..	5
Pneumonia .. .. .	..	1	1	1	3	6	13	3	3	28
Cancer .. .. .	..	..	..	..	..	..	1	..	..	1
Gastro-Enteritis .. .. .	..	..	1	..	1	5	3	1	1	10
Other Digestive Diseases .. .. .	..	..	..	1	1	..	..	..	..	1
Prematurity	35	5	3	..	43	2	..	..	..	45
Convulsions	1	..	..	..	1	..	..	..	..	1
Atelectasis	13	2	2	..	17	..	..	..	..	17
Lumbar Meningocele	1	1	..	..	2	..	..	..	..	2
Congenital Heart Disease	1	..	2	..	3	1	1	..	..	5
Haematemesis	1	..	..	..	1	..	..	..	..	1
Congenital Malformations	7	1	..	1	9	1	1	..	1	12
Icterus Neonatorum	3	1	..	..	4	..	..	..	..	4
Haemorrhagic Disease of New Born	3	..	..	..	3	..	..	..	..	3
Pemphigus Neonatorum .. .. .	..	..	..	1	1	..	..	..	..	1
Injury at Birth	5	..	..	1	6	..	..	..	..	6
Infantile Asthenia	1	..	..	..	1	..	..	..	..	1
Marasmus, Debility, Atrophy .. .. .	..	..	1	..	1	..	4	..	1	6
Congestion of Lung .. .. .	..	..	..	..	..	1	..	..	..	1
Violence	1	..	..	2	3	..	1	2	..	6
Other Causes	1	1	..	..	2	..	..	1	1	4
TOTALS	73	11	9	8	101	18	27	10	7	165
Previous Year (1945)	64	12	8	7	91	31	31	17	9	179

CARE OF THE MOTHER AND HER ILLEGITIMATE CHILD.

By the Almoner.

In Portsmouth the number of illegitimate births, according to the Registrar, has decreased from 110.4 per thousand births in 1945 to 78.4 per thousand in 1946.

The year 1946, being the first complete year since the cessation of hostilities, has seen the majority of Serving men returned to their families, and has meant that children and young people have had the dual parental control that has been missed so much, especially through the adolescent period. The number of single girls bearing children has decreased in a far greater proportion than of married women having children other than by their husbands. Many births that would come in the latter group, *i.e.*, married women, are not included in the above figure, because of the possibility of registering the baby in the putative father's name if he is present at the registration, and as far as the Registrar's statistics are concerned, a child so registered is not counted as illegitimate. It is, therefore, a little misleading to suppose that illegitimate births have decreased to the extent that the figures show.

The main problems may be dealt with under the following headings :—

A. ACCOMMODATION.

(i) Before, during and after Confinement.

With the increased number of maternity beds available at Saint Mary's Hospital, the position has eased considerably with regard to accommodation for single girls or married women who cannot have their babies at home. The difficult periods are before and after the confinement, especially when the girl has been turned out of her home, either in Portsmouth or some town outside. There is still a great need for a Mother and Baby Hostel to help girls in these circumstances. Often the uncertainty of temporary accommodation is enough to make a girl decide to have the baby adopted.

The Church of England Diocesan Council for Moral Welfare have kindly sent one or two girls to hostels outside the City until they are quite fit to return to work, and have put the baby into the Day Nursery, but not everyone will leave the City, however urgent the situation. Institutional accommodation through the Social Welfare Committee is suggested only as a last resort. Admission means that the girl is deprived of all chance to look out for lodgings or a job, and also she sometimes makes undesirable contacts which do not help her to begin a new life on her discharge.

(ii) Housing.

A tremendous number of problems have arisen due to the acute housing shortage. There have been applications for help and advice from as many married couples as single girls and married women living on their own. Unfortunately, very little help can be given, except to refer the conditions to the Housing Department for investigation and recommendation.

Matrimonial difficulties arise when young couples recently married each have to live with their "in-laws" in overcrowded conditions, and the

consequent separation, though at first taken in good spirit, eventually separates the couple permanently. The difficulties of getting a home together, even when accommodation is found, takes a long time, and the strain of such difficulties breaks up a once happy relationship.

Overcrowded conditions tend to make parents unwilling to accept single girls with babies, and this is a common excuse put forward for adoption.

B. FOSTER MOTHERS.

During the year the position has been as difficult as ever, although every effort has been made to encourage women to take on the positions of foster mothers by advertisements in the local paper and posters that have been circularised to clergymen and public and voluntary agencies in the City. There has been very little response, and some children are continually on the move from one foster mother to another, especially if they are difficult to manage or have habits such as bed-wetting, etc. It does seem undesirable that the child who has such habits should be imposed on a foster mother; such a child should have institutional care.

C. EMPLOYMENT AND UNEMPLOYMENT.

The Labour Exchange has been most co-operative throughout the year and has given very valuable help to women urgently needing work. There is, however, a great shortage of employment for women, and this has been accentuated by the closing of war-time factories which employed unskilled labour. Domestic work and general cleaning offer the best prospects, but for the slovenly unkempt type of girl there is little more than cafe work. She is a "misfit" in any decent employment and creates a great problem to the Labour Exchange and all who try to help her constructively. Unfortunately, the usual conclusion reached is that nothing can be done to encourage her to better herself, especially if she already has a poor background.

Sometimes residential domestic work is found for the mother with her baby, but these jobs are decreasing, owing to the demobilisation of women from the Forces, and employers seem unwilling to have a baby in the house.

Girls who are registered as disabled persons at the Labour Exchange also offer a serious problem. Many of them are only fit for whole or part time light work, and it is extremely difficult to find suitable employment at a "living" wage.

D. RECONCILIATION.

In the case of single girls the problems are, to a certain extent, clear cut, and there is more chance of doing some constructive social work, except when there are more than two or three children, by different men. The position of the married woman is infinitely more complicated. Often there are already existing children by her husband, whom he may or may not support, and the possibility of reconciliation is remote unless contact with the husband can be made. This, however, is not always possible, as he may be living in another part of the country, and even if another social worker visits him and talks over the matter, it is always difficult to bring about a reconciliation through correspondence. It is understandable,

therefore, that few are reunited except by direct contact of husband and wife. There is also the putative father's view to be considered; may be married he and have children, who may or may not be in his custody. If the children are in his custody and he is living with a married woman, the children may gain more affection and attention than if they were with their real mother. At other times they assume the position of step-children, and many problems arise through their having this background and not being really wanted in the home.

In as many cases as possible every effort is made to bring the husband and wife together again, even when there is an illegitimate child to be considered. In a small number of cases the husband will accept the child as his own and the child is brought up happily, but mostly the wife has to make a choice between husband and child, and for the sake of already existing children the child is adopted.

THE COT AND PRAM FUND.

In July a gift of ten shillings was received, and it was suggested that a fund should be set up to assist mothers to procure prams, cots, etc., and since then to the end of the present financial year, 31st March, 1947, 26 mothers have been assisted.

There have also been several donations of cots and prams, and these have either been given outright to a necessitous mother or lent only. The mother is assessed according to her income and the help of voluntary societies is asked for in certain cases. Most of the cost has been recovered from the mother herself. The financial statement is appended.

<u>Receipts.</u>	£	s.	d.	<u>Payments.</u>	£	s.	d.
Donations	63	2	0	Purchase of Prams	20	10	0
Sums recovered from parents	18	8	9	Purchase of Cots	5	11	6
	<u>£81 10 9</u>			Balance in hand 31-3-47	55	9	3
					<u>£81 10 9</u>		

STATISTICS RELATING TO THE WORK OF THE ALMONER

1. NUMBER OF CASES REGISTERED AS NEEDING HELP	685
2. NUMBER OF VISITS PAID	841
3. NUMBER OF INTERVIEWS	2,429
4. NUMBER OF CASES IN WHICH HELP AND ADVICE WERE GIVEN	737
5. CONTACTS MADE WITH VARIOUS ORGANISATIONS :	Cases
Portsmouth Corporation Departments	483
Police Headquarters	74
Other Local Authorities	51
Social Services Council	52
Church Army	239
Other Voluntary Societies, <i>e.g.</i> , N.S.P.C.C., Dr. Barnardo's Homes, etc.xx	127
H.M. Forces and others	31
Hospitals and Nursing Homes	33
Miscellaneous	36

SAINT MARY'S HOSPITAL.

By the Medical Superintendent.

There was a substantial increase in the number of admissions over the previous year, partly due to the increased accommodation made available by taking over a ward for the chronic sick at Nazareth House and by the admission of a number of chronic cases to the Wenham Holt Annexe. This has entailed a great deal of extra work in the various departments of the Hospital, and was made possible only by additions to the resident medical staff, and to a lesser extent to the nursing staff, which is still very much below normal. It is to be hoped that the response to the appeal for part-time nursing attendants will ease the position in the very near future. The average number of beds occupied per day during the year was 875.5, as against 862 for 1945.

The medical and surgical sides of the Hospital have progressed smoothly, and the work has been greatly facilitated by the addition of new equipment, especially the new sterilising unit, which is giving admirable service. There has been a large increase in the total number of operations—1,629 compared with 1,330 in 1945—and this has imposed a strain on the operating theatre, which is rapidly reaching its maximum capacity. There is an obvious need now for an additional operating theatre, and this need will become urgent if there is any appreciable increase in the number of surgical cases to be dealt with.

The maternity section of the Hospital has worked to capacity. A greatly increased number of bookings has been made possible by shortening the length of stay and by more constant supervision given to the department by the Senior Resident Obstetric Officer, Dr. Woolner. It is in no small measure due to the efforts of Dr. Woolner since his return from H.M. Forces that this department enjoys an outstanding reputation. The number of women confined in 1946 was 1,704, with a total number of live births 1,713. The attendances at the ante-natal and post-natal clinics approximate 20,000 for the year, 1,630 patients being dealt with. A list of comparative figures for 1945 and 1946 appears below.

The other special departments of the Hospital, physiotherapy, skin and X-ray, also show a greatly increased number of attendances, 26,764 as compared with 18,604 (see analysis), and these departments have all worked well, notwithstanding the major difficulties of staff and accommodation.

The Skin Clinic now being conducted from the Milton Road First Aid Post has proved an outstanding success and has come fully up to expectations.

The national shortage of trained physiotherapists is reflected in the department here, and in spite of repeated advertisement only about half of the Hospital's complement of these officers can be obtained. In spite of this a total number of treatments, exceeding 22,000, was given during the year. It would be desirable at a later stage considerably to extend this department by the addition of a rehabilitation unit, but until more

accommodation and staff is available this important additional service must be postponed.

In the X-ray department also the volume of work has increased beyond the maximum that this department can properly manage. More X-ray diagnostic equipment is badly needed for the Hospital in order to meet the increased demands made upon it by the Hospital and by the outside services, such as Tuberculosis, Mass Radiography, and especially the proposed Out-Patients' department.

The greatest difficulties of the nursing staff have not been overcome—lack of accommodation and shortage of personnel. This latter, being dependent to some extent upon the lack of proper accommodation, was more acutely felt by reason of the increased work now being undertaken in almost every branch of the Hospital. Great credit is due to the senior members of the nursing staff for the way in which they have handled a most difficult situation. It is undoubtedly owing to their efforts and to the support they have received from all grades of the nurses that the Hospital has not only kept open all its beds, but has actually increased the number of cases dealt with, whilst many hospitals in the country which had suffered little or no war damage were obliged to close down wards. Plans for increased accommodation are being actively considered, but it must of necessity be a considerable time before any easing of this serious position can be anticipated.

Active measures to improve the catering department of the Hospital resulted in the appointment of a Catering Officer. A certain amount of re-organisation of the kitchen has commenced, and in many ways the dietary and service of patients and staff have been improved. That the improvement has not been greater is to be blamed mainly on the limitation of supplies, but the changes already instituted bear promise of greater results as time goes on and supplies and variety of food stuffs increase.

The Blood Transfusion Service continues to supply the area and has taken on several additional commitments. The establishment of a "Flying Squad," consisting of an experienced medical officer, with the necessary apparatus to transfuse any urgent case in the area at short notice, has already been in operation, with marked success. The number of blood donors used in the year was 674. 150 new donors were enrolled, bringing the panel up to 1,300. A total number of 624 bottles were used during the year. Much of the laboratory work connected with this service has been carried out with great skill and enthusiasm by the laboratory technicians. The success of this unit is largely due to them and to the Medical Superintendent's secretary, who has undertaken all the clerical work connected with this active unit.

The Medical Referee's department based at Saint Mary's Hospital dealt with a total number of 2133 examinations (1741 for 1945). There is every reason to believe that it has rendered valuable service to all Corporation departments, despite the occasional unavoidable delays in fixing appointments.

The pathological laboratory still labours under the serious handicap of not having available the expert advice and guidance of a pathologist. This matter is rapidly becoming urgent, in that very great responsibility must of necessity be vested in this department, and in many cases the treatment of serious cases must rely upon pathological findings.

During the year many changes have been made in the day to day running of the Hospital. The visiting hours have been revised, certain restrictions have been relaxed, and many minor innovations have been instituted. It is in great measure to the Steward and clerical staff that the success of these ventures is due, and the Medical Superintendent would like to pay tribute to this and all other departments of the Hospital which have carried him through his first year of office.

Statistics relating to IN-PATIENTS during the year 1946, as compared with 1945.

	Year 1946	Year 1945
1. Total Number of Admissions (including Infants born in Hospital)	8,399	7,444
2. Number of women confined in Hospital	1,704	1,433
3. Number of Live Births	1,713	1,389
4. Number of Still Births	73	68
5. Number of Deaths among the Newly-born (<i>i.e.</i> , under four weeks of age)*	33	27
6. Number of Maternal Deaths among women confined in Hospital	5	3
7. Total Number of Deaths	994	816
8. Total Number of Discharges (including Infants born in Hospital)	7,309	6,535
9. Number of Beds occupied :—		
(a) Average during the year	875.5	862
(b) Highest on 7th February, 1946 }	993	
,, 10th February, 1946 }		
,, 8th December, 1945 }		934
(c) Lowest on 24th August, 1946 }	846	
,, 26th August, 1946 }		
,, 6th January, 1945 }		832
10. Number of Surgical Operations under general anaesthetic (excluding dental operations)	1,629	1,330

*This figure relates only to children born in Hospital.

Statistics relating to OUT-PATIENTS during the year 1946, compared with 1945.

	1946		1945	
	No. of Patients	No. of Attendances	No. of Patients	No. of Attendances
Ante-Natal Clinic	1,609	17,184	1,437	15,507
Post-Natal Clinic	1,022	1,533	994	1,075
Physio Therapy Dept.	748	14,448	542	8,211
Skin Department	1,043	4,364	1,122	3,441
X-ray Department	7,543	7,952	5,938	6,952
TOTALS	11,965	45,481	10,033	35,186

PHYSIO-THERAPY DEPARTMENT, 1946.

	No. of Patients Treated			No. of Treatments Given		
	In-Patients	Out-Patients	Total	In-Patients	Out-Patients	Total
Massage Section	87	77	164	3,078	1,732	4,810
Electrical Section	195	424	619	3,783	7,310	11,093
Light Section	34	247	281	907	5,406	6,313
TOTAL ..	316	748	1,064	7,768	14,448	22,216

MUNICIPAL AMBULANCE SERVICE

STATISTICS RELATING TO THE PERIOD 1ST JANUARY TO
31ST DECEMBER, 1946.

	Number of Calls	Mileage Covered
SAINT MARY'S HOSPITAL :		
Admissions ..	4,131	
Discharges ..		
Transfers to Wenham Holt Nazareth House, etc.		
Miscellaneous		
	3,149	
	7,280	58,105
INFECTIOUS DISEASES HOSPITAL :		
Admissions ..	1,484	
Discharges ..		
Transfers for X-ray, etc.		
Miscellaneous		
	971	
	2,455	21,535
ROYAL PORTSMOUTH HOSPITAL :		
Admissions ..	1,104	8,693
Discharges ..		
Transfers to Queen Alexandra Hospital		
All other Services	5,234	44,771
TOTAL ..	16,073	133,104

INSPECTION AND SUPERVISION OF FOOD.

FOOD AND DRUGS (ADULTERATION) ACT, 1938.

During the year 1,186 samples were taken under the Food and Drugs Act, 1938. Of these, 46 were found to be adulterated or incorrectly labelled, or 3.9%, compared with 5.63% in 1945. Of these 46 samples, 9 were formal samples and 37 informal or test samples.

Proceedings were instituted in four cases and fines and costs amounting to £22 8s. 2d. were imposed, ranging from £4 2s. 0d. to £9 7s. 8d. In 26 cases cautions were given by the Medical Officer of Health.

THE MILK (SPECIAL DESIGNATIONS) ORDERS OF 1936 AND 1938.

During the year 14 licences were issued for the sale of tuberculin tested milk, five for pasteurised milk, and one for accredited milk (producer-retailer).

17 samples of tuberculin tested (certified) milk were taken, and three failed to pass the prescribed test. Two samples of tuberculin tested milk were taken and both passed the prescribed test.

210 samples of pasteurised milk were taken and 20 rejected, as they failed to pass the standard laid down for this type of milk. Of the 210 samples taken, 121 were as supplied to schools, and of these 16 were rejected while 22 represented milk supplied to local hospitals and institutions, four of which failed to pass the prescribed standard for this type of milk. 13 samples of tuberculin tested (pasteurised) milk were examined, all of which satisfied the regulations for this type of milk.

19 samples of accredited milk were taken from the one producer-retailer in the City, and it was found that only one sample failed to comply with the standard for this type of milk.

15 samples of sterilized milk were examined, all of which satisfied the regulations for this type of milk.

46 samples of heat treated milk (flash method) were examined, and six failed to satisfy the regulations appertaining to heat-treated milk.

MILK.

579 samples of milk were taken during the year, and 18 were found to be adulterated and 28 not up to standard, the deficiencies being due to natural causes. Of this number, 172 represented milk supplied by farmers to retailers in the City, of which 11 were found to be adulterated.

22 samples of milk were taken from the various hospitals and institutions in the City. All were returned as genuine.

DRUGS.

141 samples of drugs were taken, and 13 were found not to be in accordance with the standards or requirements laid down in the Food and Drugs Act, 1938, the Pharmacy and Medicines Act, 1941 and the Poisons and Pharmacy Act, 1933.

MERCHANDISE MARKS ACT, 1926, AND ORDERS IN COUNCIL, MADE THEREUNDER.

During the year 88 visits were made to business premises, to see that the provisions of these Orders were being complied with. It was found that the Orders were being complied with by the numerous tradesmen in the City in a satisfactory manner.

REPORT OF VETERINARY OFFICER.

DISEASES OF ANIMALS.

Foot and Mouth Disease.

On Sunday, March 17th, Foot and Mouth Disease was diagnosed by me among pigs at a large piggery. Next day existence of the disease was confirmed by the Ministry of Agriculture and all the 158 pigs involved were slaughtered and buried. Valuation of the animals by an independent valuer before slaughter is, of course, carried out, and the owner is paid the market value of the live stock concerned. An extraordinary feature of this outbreak was the fact that although susceptible species of animals were kept immediately to the north and south of the infected place no second case occurred in the City.

Once this disease flares up and spreads to a number of farms in a district it can very soon necessitate the expenditure of many thousands of pounds by the Ministry of Agriculture to compensate the owners of the livestock.

Swine Fever.

No case occurred during the year.

Rabies.

Confirmation of a case of this disease in a dog was recorded in December. The dog was purchased in Italy. Fortunately the discovery of the disease was made in quarantine kennels. As we have been free from Rabies for about 25 years, this case shows how important it is that dogs from abroad should not be allowed to enter this country except on condition that they are placed in quarantine immediately on arrival and kept there long enough to cover the incubation period of the disease.

ANTHRAX.

No case occurred during the year.

ANTE-MORTEM INSPECTION.

Centralisation of the slaughtering has greatly facilitated the practice of ante-mortem inspection. Every opportunity has been taken to carry this out.

SLAUGHTERHOUSE.

For periods during the months of March, April and May operations at Paulsgrove Slaughterhouse were stopped by the Ministry of Agriculture on account of Foot and Mouth Disease. The following, furnished by the Ministry of Food, are the approximate figures for the animals slaughtered at Paulsgrove in 1946 :—

Beasts	Sheep	Calves	Pigs	Total number of animals slaughtered
5,035	8,432	6,006	135	19,608

Below are some details of interest relating to condemnations in connection with the year's beef kill :—

Ox Carcases	Ox full Offal	Ox Livers	Part Ox Liver	Sets Ox Lungs
123	126	1,055	1,031 lbs.	763

SLAUGHTERHOUSE BY-PRODUCTS.

The Ministry of Food exercises great care and provides refrigeration at Paulsgrove for the collection of those by-products which are so valuable for pharmaceutical purposes. If centralised slaughtering did not exist, it is difficult to see how the collection and utilisation of this material by the pharmaceutical trade could be practised on economical lines. Likewise when one examines the subject of by-products, whether edible or inedible, one surely is bound to be impressed by the overwhelming economical advantages arising from centralised slaughtering, when compared with the wasteful system of many small units in the form of private slaughterhouses.

IMPORTED BEEF.

During the year 2,778 lbs. of imported beef were condemned.

MEAT REGULATIONS, 1924.

While there is a good supply of steam for cleansing and sterilising purposes at Paulsgrove Slaughterhouse, there is still no provision for a satisfactory hanging room for the meat, completely disconnected from the slaughtering operations. No complaint was received and a satisfactory standard of cleanliness of vehicles engaged in meat transport was maintained throughout the year.

MILK PRODUCTION.

Another year has passed without any action being taken under the Food and Drugs (Milk and Dairies) Act 1944, which is described as "An Act to amend the provisions of the Food and Drugs Act 1938 relating to Milk and Dairies regulations and the matter connected therewith". Towards the end of the year the Minister of Agriculture stated in the House of Commons that he hoped to put the new Act into operation during 1947. The purpose of the Act is, of course, satisfactory milk production and uniformity of control throughout the country. So far the appointed day for the commencement of the Act has not been announced.

FISH.

The following is a list of various species of fish relating to parcels surrendered after inspection and condemnations :—Skate, fillets, herring roes, whiting, haddock, ling, cod, escallops, whelks, herrings, mackerel, kippers, crabs, prawns, plaice, soles, trout, lobsters, monk, gurnet, dutcheels, shrimps, bloaters, turbot, sprats and pilchards.

OTHER FOODSTUFFS.

As in previous years, practically all kinds of foodstuffs other than fish, home killed and imported meat, were handled under this heading. Canned goods were an important item, 20,451 being surrendered as unfit for human consumption, following inspection.

DUTIES AT THE PORT

No clinical evidence of the existence of any notifiable disease was detected in livestock landing at the Port and all animals were able to proceed to their destinations ; this country has been free from rabies since 1922. The year under review was, no doubt, one of great anxiety for the Ministry of Agriculture, in view of the large number of animals brought into the country, mainly by Service personnel, under the Importation of Dogs and Cats Order. A number of visits were made under the Parrots (Prohibition of Import) Regulations.

FOOD AND DRUGS ACT, 1938.

No seizure was necessary during 1946. All foodstuffs unfit for human consumption were dealt with by surrender.

VISITS.

1,960 were made during 1946 : 236 to the slaughterhouse ; 217 to piggeries ; 36 to farms ; 99 to sausage makers and 306 relating to complaints.

OLD DRAINS.—275 (497) old drains were tested or re-tested.
 NEW BUILDINGS.—470 (70) inspections and visits were made in connection with the examination of sanitary fittings.
 OCCUPATION CERTIFICATES.—159 (2) occupation certificates were issued with respect to new buildings.
 SANITARY CERTIFICATES.—2 (3) sanitary certificates with respect to sanitary conditions of the drains and fittings of old dwelling-houses have been issued.
 INCREASE OF RENT AND MORTGAGE INTEREST (RESTRICTIONS) AMENDMENTS ACT, 1933.
 Under this Act no (1) certificates relating to dwelling-houses not being kept in a reasonable state of repair were granted to tenants.
 RATS AND MICE (DESTRUCTION) ACT.—301 (1,677) visits were made to rat infested premises, and no (no) notices were served.
 INFECTIOUS DISEASES.—666 (412) cases of infectious diseases and suspected infectious diseases were visited and investigated, and 1,117 (1,065) rooms were disinfected by the disinfectant.
 HOUSING ACT, 1936.—595 (376) inspections made.
 HOUSING SURVEY.—2,326 visits.
 CIRCULAR 2871.—169 (282) inspections made.
 PORT SANITARY INSPECTION.—3 (18) vessels inspected.
 ICE CREAM PREMISES.—198 (151) inspections made.

OTHER DUTIES.

AIR RAID SHELTERS.—38 (119) inspections.
 MUNICIPAL RESTAURANTS.—30 (16) inspections.
 FOOD PREMISES.—133 (51) inspections.
 MOSQUITOES—STATIC WATER TANKS, ETC.—15 (113) inspections.
 TIMBER CONTROL (Certification for Licence to Acquire and Consume Timber).—422 (498) inspections.
 ESSENTIALITY CERTIFICATES.—274 inspections.

INSPECTION OF FACTORIES, WORKPLACES AND OUTWORKERS' PREMISES.

	1946	1945
Power Factories on Register at end of year	568	542
Non-Power Factories on Register at end of year :—		
Retail Bakers	13	14
Tailoring	42	45
Dressmaking and Millinery	19	20
Upholstery	6	4
Laundries	—	—
Photography	4	4
Miscellaneous	113	110
TOTAL	197	197

Inspections for Purposes of Provisions as to Health.

Premises	Inspections		Defects found		Written Notices		Defects Remedied	
	1946	1945	1946	1945	1946	1945	1946	1945
Power and Non-Power Factories	146	228	22	44	14	31	20	39

HOMEWORK.

Number of Outworkers Contractors 13 (12) ; Workmen 263 (301)
 Outworkers in unwholesome premises Nil (Nil)
 Notices served Nil (Nil)
 Outworkers in Infected premises Nil (1)

REPORT ON CLEANSING

I am indebted to the Manager of the Cleansing and Haulage Department for the following report on the Cleansing Service during 1946/47 :—

As a result of the return to the Department during the year of many of the pre-war Staff from service with H.M. Forces, the labour situation has been easier and has enabled a higher standard to be maintained.

Refuse collection has been continued on a weekly interval, but there has been a decidedly better result from salvage activities, producing a net income of over £6,000 to the relief of the cleansing service costs.

With the opening up of large sections of the Southsea Beach, restricted during the war for defence purposes, additional duties have been placed upon the street cleansing staff, and there has been a noticeable lack of enthusiasm for this type of work, making recruitment a difficult matter. The severe weather experienced during the latter days of January and the whole of the month of February was a severe strain upon the whole of the Department's resources, but great benefit was derived from the use of salt water laid by gully and cesspool emptying machines after the stock of salt had been exhausted, and at no time was there any hold up of traffic on any of the thoroughfares within the City boundary.

More attention to frequency of gully emptying has been possible, and a reward for this was reaped when there were no cases of flooding following the thaw after the severe snowfall.

The Concentrator Plant for processed feeding material has been operated throughout the year and the loss arising from certain of the temporary war-time Service camps has been more than offset by the larger naval establishments which have been taken over in the Gosport Borough Council area during the year. Arrangements have also been made for processing in the Portsmouth plant all the raw waste collected in the areas of Gosport Borough Council and Fareham Urban District Council.

Altogether the year can be regarded as a satisfactory one in the transitory period from war to peace, and the economies which have been instituted and results of intensified salvage activities are evidenced in the fact that the costs of operating the Public Cleansing Services for the year have been £5,000 below the 1938/39 figure, despite the increase in wage rates and material costs.

MUNICIPAL DISINFECTANT STATION.

MANUFACTURE OF DISINFECTANT FLUID.

	1946	1945
	Gallons	
Amount Manufactured	5,500	5,500
Issued to Public	3,220	3,130
Public Swimming Baths	2,220	2,160
Public Mortuary	—	60
Meat Store	50	80
Elementary Schools	—	40
Miscellaneous	10	20

PORT SANITARY AUTHORITY.

To the Chairman and Members of the Port Sanitary Authority.

Mesdames and Gentlemen,

I have the honour to present my report of the work of the Port Sanitary Authority of Portsmouth during the year 1946.

The total number of foreign and coastwise ships entering the port last year shows a marked decrease as compared with the previous year.

There were no cases of infectious disease reported in the area during the year.

I desire to express my thanks to the King's Harbour Master and to H.M. Collector of Customs and staff for their cordial co-operation and valuable assistance during the year.

It is again my pleasure to record my appreciation of the excellent service readily and willingly given me by the Port Sanitary Inspector.

To the Chairman and Members of the Portsmouth Port Sanitary Authority my thanks are due for their unfailing sympathy and support in all matters relating to Port Sanitation throughout the year.

JURISDICTION OF THE PORT SANITARY AUTHORITY.

The limits of the jurisdiction of the Port Sanitary Authority are as follows :—

“So much of the Port of Portsmouth as lies to the east of a line drawn due south from the most southerly point of the pier of the L. & S.W. Railway Co., at Stokes Bay to a point $50^{\circ} 45'$ N. Lat. ; to the west of a line drawn due south to the same parallel of latitude from the south eastern extremity of the common boundary of the Parishes of Havant and Warblington ; and to the north of a line drawn due west along the same parallel of latitude from the point at which the line lastly hereinbefore mentioned meets the said parallel to the point secondly hereinbefore mentioned.

“Together with the waters of the said Port of Portsmouth within such limits, and the place which may from time to time be appointed for the Customs Boarding Station for such part of the said Port, and the place which may from time to time be appointed for the mooring and anchoring of ships for such part of the said Port, under any Regulations for the prevention of the spread of diseases issued under the Authority of the Statutes in that behalf, and the place which may from time to time be appointed, with our consent, for the mooring or anchoring of any floating hospital provided by the said Sanitary Authority ; and, for the purpose of any such Regulations as aforesaid, shall also extend to any ship which, in pursuance thereof, or of any directions given thereunder, shall be moored or anchored at the place appointed thereunder as aforesaid, or which shall be on its way thither, together with the docks, quays, wharves, rivers, creeks, streams, channels, roads, bays and harbours within the aforesaid limits.”

I. AMOUNT OF SHIPPING ENTERING THE PORT DURING THE YEAR.

TABLE A.

	No.	Tonnage	Number Inspect'd		Number reported to be defective	Number of vessels on which defects were remedied	Number of Vessels reported as having or having had during the voyage infectious disease on board
			By the Medical Officer of Health	By the Sanitary Inspector			
FOREIGN							
Steamers, Motor	31	12,701	1	26	9	9	0
Sailing	—	—	—	—	—	—	—
Fishing	—	—	—	—	—	—	—
COASTWISE							
Steamers, Motor	440	199,908	0	197	59	59	0
Sailing	—	—	—	—	—	—	—
Fishing	—	—	—	—	—	—	—
TOTAL Foreign and Coastwise	471	212,609	1	223	68	68	0

II. CHARACTER OF TRADE OF PORT.

There was no passenger traffic during the year.

Cargo Traffic. The principal imports were coal, cement, stone, oil, timber and general cargo traffic from France, Sweden, Belgium, Holland, Finland and Norway.

III. SOURCES OF WATER SUPPLY.

The water used in the docks is supplied by the Portsmouth Water Company. Vessels in dock are supplied from hydrants on the quay from the same source. There is one water boat (*Eclair*) in use; it is in good sanitary condition, and periodically inspected.

With regard to the supply of drinking water to ships arriving at and leaving the port, the following precautions are taken before water is supplied.

When the water is turned on it is allowed to run through the hydrants for a while and then the hose is connected and the water allowed to run through the hose in the same way. When the quantity of water needed has been supplied the hose is disconnected, the water allowed to run through, and the hose replaced in the store, where it is locked up safely. The hydrants are locked and covered up also, and the area in the vicinity of the hydrants and hose pipes is kept scrupulously clean by washing down.

IV. PORT HEALTH REGULATIONS, 1933.

1. *Arrangements for dealing with Declarations of Health.*

Declarations of Health, which must be filled in and signed by the Master of every ship arriving from a foreign port are obtained:—

- (a) in respect of vessels from non-infected ports, by the Customs Officer, who forwards them to the Port Medical Officer.
- (b) in respect of vessels from infected ports by the Port Medical Officer. Vessels are visited in dock by the Port Sanitary Inspector as soon as possible after docking.

2. *Telegraphic Address.*

To avoid delay in notifying inward vessels requiring special attention, the telegraphic address "Portelth", suggested by the Ministry of Health, has been adopted by the Port Sanitary Authority.

3. *Mooring Stations*

Under Article 10 of the Port Health Regulations, 1933, the following mooring stations have been established, with the concurrence of the King's Harbour Master and the Commissioners of Customs and Excise; these were subject to variation by the Commander-in-Chief, owing to war conditions.

(a) OUTER MOORING STATION.

An area about half a mile north-west of Mother of Bank Spit.

(b) INNER MOORING STATION.

The upper reaches of Portsmouth Harbour.

This agreement is subject to the following understandings :—

(1) That the mooring place referred to at (a) above is for ships with cholera, plague, yellow fever, typhus fever or smallpox on board, and that at (b) for all other unhealthy ships not within a standing exemption.

(2) That a standing exemption from detention under Article 14 has been granted by the Medical Officer of the Port Sanitary Authority in respect of any ship which—

(i) has called at a port or seaboard included in the weekly return of infected or suspected ports or seaboards, but reports "all well" during the voyage, or arrives with no sickness on board, unless a written notice to the contrary has been delivered to the Customs Officer by or on behalf of the Medical Officer of the Port Sanitary Authority.

(ii) has on board a case of minor infectious disorder, namely, chicken-pox, measles, scarlet fever, diphtheria, enteric fever, erysipelas, malaria, dysentery, pneumonia, tuberculosis, mumps or cerebro-spinal fever.

(3) That when necessary the Port Sanitary Authority will convey the Customs Officers to the mooring place referred to as (a) above, free of expense to the Crown.

4. *Arrangements for dealing with cases of Infectious Diseases, etc.*

Cases of dangerous infectious disease are removed to the smallpox hospital at Elson, or to the City Infectious Diseases Hospital.

All other cases of infectious disease are removed to the City Infectious Diseases Hospital by means of the Corporation Motor Ambulance Service.

Contacts of Infectious Diseases Cases

(a) Living in the City. If not removed to hospital they are kept under observation by the Sanitary Inspector.

(b) Proceeding to an address outside the City. The Medical Officer of Health of the place of destination is advised.

A consulting room and waiting room are available at the docks for medical examination.

Personnel and clothing are disinfected at the Infectious Diseases Hospital. Provision can be made for the temporary accommodation of persons who may have to be detained pending further examination.

Arrangements are made at the Venereal Diseases Clinic, Saint Mary's Hospital, for the diagnosis and treatment of venereal diseases among sailors.

TABLE C.

There were no cases of infectious diseases landed from vessels.

TABLE D.

There were no cases of infectious disease occurring upon the voyage but disposed of prior to the vessel's arrival.

V. MEASURES AGAINST RODENTS.

All vessels arriving from abroad are examined periodically by the Port Sanitary Inspector. Rats are caught periodically on the quays, wharves, warehouses, etc., in the vicinity of the Port, per Table F. A trained rat-catcher is employed.

When necessary rat guards are placed on ropes between ships and the quays. The Port is not approved for the deratisation of ships.

RATS DESTROYED DURING THE YEAR

(in vessels)
TABLE E.

NUMBER OF RATS.	Total
Black	30
Brown	—
Species not recorded	—
Examined	—
Infected with Plague.. .. .	—

(in docks, quays, wharves, warehouses)

TABLE F.

NUMBER OF RATS.	Total
Black	7
Brown	35
Species not recorded	—
Examined	—
Infected with Plague.. .. .	—

VI. HYGIENE OF CREWS' SPACES.

TABLE J.

Nationality of Vessel	No. Inspected during year	Defects of original construction	Structural defects through wear and tear	Dirt, vermin and other conditions prejudicial to health
British	197	—	—	59
Other Nations	26	—	—	9

VII. FOOD INSPECTION.

The importations of foodstuffs are small in amount, these being chiefly potatoes, vegetables, butter, margarine, bacon, flour and wheat. During the year no adverse reports were made by the Veterinary Officer and Food Inspector.

Shell-fish—There is no oyster-laying within the area of the Port Health Authority.

During the year no action was taken under the Public Health (Imported Food) Regulations, 1937, the Public Health (Preservatives, etc., in Food) Regulations, 1925 to 1940, and the Public Health (Imported Milk) Regulations, 1926, the Public Health (Shell-fish) Regulations, 1934, and the Food and Drugs Act, 1938 (Section 39).

The number of livestock landed at the docks from the Isle of Wight was 277 (horses 111, cattle 106, calves 4, sheep 50 and pigs 6). During the inspections of livestock no clinical evidence of the existence of any contagious or notifiable diseases was found.

I have the honour to be, Mesdames and Gentlemen,

Your obedient Servant,

A. B. WILLIAMSON, M.D.
*Medical Officer of Health,
City and Port of Portsmouth.*

THE PUBLIC ANALYST'S REPORT

THE PUBLIC ANALYST'S DEPARTMENT,
TRAFALGAR PLACE,
CLIVE ROAD,
PORTSMOUTH.

The Chairman and Members of the Health Committee.

LADIES AND GENTLEMEN,

I have the honour to submit my first Annual Report on the work carried out in my Department during the year ending 31st December, 1946.

Mr. R. P. Page, F.R.I.C., who retired on the 6th July, 1946, after acting as your Public Analyst for the past thirty-three years, carried out one half of the work recorded in this Report.

The department ceased to be responsible for the examination of diphtheritic material from the 30th June, and this has permitted some extra attention to be given to the examination of foods and drugs.

As a result of the increased sampling, a number of foods and drugs have been found to contravene the Statutory Rules and Orders of the Ministry of Food and legislation relating to the sale of medicine.

I acknowledge with pleasure the loyal manner in which Mr. C. M. Beckett and Mr. D. A. Boswall have carried out a full share of the year's work, and my thanks are especially due to my Deputy, Mr. N. Heron, F.R.I.C., for his valuable co-operation during the latter half of the year.

Finally, I would express my appreciation of the efficiency with which your Sampling Officer, Mr. F. R. Bell, has dealt with the increased sampling of foods and drugs.

I remain, Ladies and Gentlemen,

Your obedient servant,

A. L. WILLIAMS,
Public Analyst.

REPORT OF THE PUBLIC ANALYST.

During the year ending 31st December, 1946, the total number of samples and specimens submitted to the Department for examination was 2,268. These may be briefly summarised as follows:—

	1946	1945
CHEMICAL ANALYSIS		
Milks	579	455
Other Foods and Drugs	607	433
Water	3	2
Miscellaneous	122	190
	1311	1080
BACTERIOLOGICAL EXAMINATIONS.		
Water	21	15
Ice Cream	27	—
Designated and Heat-treated Milks	322	243
Diphtheritic Material	427	562
	797	820
ANALYSES FOR THE		
BOROUGH OF GOSPORT	160	153
	160	153
GRAND TOTAL ..	2268	2053

During the year 1,186 samples were taken under the Food and Drugs Act, 1938, and, of these, 46 or 3.9 per cent were found to be adulterated or incorrectly labelled. This percentage of adulteration was lower than that for the previous year—5.6 per cent.

On four occasions legal proceedings were instituted and fines and costs amounting to £22 8s. 2d. were imposed.

In twenty-six cases cautionary letters were sent to offending persons by the Medical Officer of Health.

CHANGES IN LEGISLATION.

During the year under review various Statutory Rules and Orders were issued by the Ministries of Health and Food, controlling the composition of foods. A brief summary of the more important of these orders is as follows:—

FOOD STANDARDS (SELF-RAISING FLOUR) ORDER, No. 147, dated Jan. 31st.

The standard for available carbon dioxide was reduced from 0.45 per

cent to 0.40 per cent. This is intended to allow for any loss of aerating agent during storage.

CANNED FRUIT AND VEGETABLES ORDER, No. 278, dated Feb. 28th.

The strength of sugar and salt solutions, in which fruit and vegetables are packed, are now fixed to ensure that the consumer receives these articles in the best condition.

SOFT DRINKS ORDER, No. 945, dated June 26th.

An important order controlling the composition and maximum prices of cordials and mineral waters. It increases the sugar content of the former from $7\frac{1}{2}$ to 15 lbs. per 10 gallons, and of the latter from 18 oz. to 3 lbs. per 10 gallons, with a reduction in the saccharine content.

FOOD (MANUFACTURED AND PRE-PACKED GOODS) ORDER, No. 1265, dated July 25th.

This reduced the minimum amount of oils and fats in Christmas puddings from 10 to 9 per cent.

MEAT PRODUCTS, CANNED SOUP AND CANNED MEAT ORDERS, Nos. 1355 AND 2046.

The first of these Orders (dated August 8th) fixed new standards for the meat content of sausages (50%), meat roll, liver sausage and meat and fish pastes.

The second (dated Dec. 5th) was a de-controlling Order, removing canned soups from the main Order.

LABELLING OF FOOD ORDER, No. 2169, dated Dec. 19th.

This was, possibly, the most outstanding item of legislation relating to food introduced in 1946. It consolidates all the various Orders previously made under this heading and introduces a number of controls, the need for which has been apparent for some time. All intoxicating liquors, such as cocktails and alcoholic cordials, must now be labelled, indicating their true nature, country of origin and strength.

In addition, advertisements and labels claiming the presence of vitamins and minerals are prohibited, unless the amounts present constitute a substantial proportion of the average daily requirement.

This Order does not come fully into force until January 1st, 1948.

MILK (SPECIAL DESIGNATIONS) REGULATIONS, 1946, S.R.O. No. 10.

The Minister of Health introduced these regulations, which amended the main Order, by prescribing the Methylene blue test to supersede the Plate-count test for milks which have been subjected to a heat-treatment process.

Nature of Sample	Number Examined	Number Genuine	Number Irregular	Percentage Irregular
Drugs.				
Aspirin Tablets	6	6	—	—
Aspirin, Compound Tablets	1	1	—	—
Asthma Cure	1	1	—	—
Bicarbonate of Soda	7	7	—	—
Bismuth Preparations	2	2	—	—
Bismuth Tablets	2	1	1	50.0
Borax	2	2	—	—
Borax, Glycerine of	1	1	—	—
Boric Ointment	5	5	—	—
Bronchial Tablets	2	2	—	—
Calcium Aspirin	1	1	—	—
Calcium Lactate Tablets	1	1	—	—
Camphorated Oil	6	6	—	—
Castor Oil	3	3	—	—
Catarrh Syrup	1	1	—	—
Citric Acid	2	2	—	—
Cod Liver Oil	1	1	—	—
Corn Remedy	1	—	1	100.0
Cough Preparations	4	2	2	50.0
Cream of Tartar	2	2	—	—
Dusting Powder	1	1	—	—
Embrocation	1	1	—	—
Emollient	1	1	—	—
Epsom Salts	3	3	—	—
Fever Mixture	1	1	—	—
Formamint Tablets	1	1	—	—
Friars Balsam	4	4	—	—
Fruit Saline	1	1	—	—
Fuller's Earth Cream	1	1	—	—
Glycerine	5	5	—	—
Grey Powder Tablets	1	1	—	—
Hydrogen Peroxide	1	1	—	—
Iodine, Tincture of	6	6	—	—
Iodised Throat Tablets	4	4	—	—
Kaolin Poultice	2	2	—	—
Liquid Paraffin	1	1	—	—
Lysol	1	1	—	—
Magnesia, Cream of	1	1	—	—
Malt and Cod Liver Oil	3	3	—	—
Parrish's Chemical Food	2	2	—	—
Peppermint Tablets	1	1	—	—
Quinine, Ammoniated Tincture of	4	1	3	75.0
Raspberry Vinegar, Artificial	2	1	1	50.0
Saccharin Tablets	4	4	—	—
Seidlitz Powders	2	2	—	—
Soda Mint Tablets	3	3	—	—
Sulphur Ointment	6	6	—	—
Sulphur Tablets	4	3	1	25.0
Thymol, Glycerine of	2	2	—	—
Tonic Apple Wine	1	1	—	—
White Precipitate Ointment	5	2	3	60.0
Zinc and Castor Oil Cream	4	4	—	—
Zinc Ointment	8	7	1	12.5
TOTAL DRUGS	141	128	13	9.2
TOTAL FOODS	1045	1012	33	3.2
Total Food and Drugs	1186	1140	46	3.9

Nature of Sample	Number Examined	Number Genuine	Number Irregular	Percentage Irregular
Foods				
Milk	579	561	18	3.1
Arrowroot	1	1	—	—
Bacon	3	3	—	—
Baking Powder	3	3	—	—
Barley/Malt Preparation .	1	1	—	—
Butter	50	50	—	—
Cake and Pudding Mixture	12	10	2	16.7
Canned Soups	2	2	—	—
Cheese	46	46	—	—
Cocoa	11	11	—	—
Coffee	13	13	—	—
Coffee and Chicory	3	3	—	—
Coffee and Chicory Essence	1	1	—	—
Condensed Milk	1	1	—	—
Cordials	2	2	—	—
Curry Powder	3	3	—	—
Dessert Powder	1	1	—	—
Egg Savoury	1	1	—	—
Fish Cakes	1	1	—	—
Flour	5	5	—	—
Gelatine	4	4	—	—
Ginger, Ground	1	1	—	—
Golden Raising Powder	6	4	2	33.3
Ice Cream	26	24	2	7.7
Jelly Dessert	2	2	—	—
Lard and Cooking Fat	49	49	—	—
Lemonade Crystals	2	2	—	—
Malt Cocoa Spread	2	2	—	—
Margarine	49	49	—	—
Meat and Fish Pastes	4	4	—	—
Meat Pie	1	1	—	—
Mustard	1	1	—	—
Pea Flour	1	1	—	—
Pepper	1	1	—	—
Preserves	24	23	1	4.2
Rissoles, etc.	4	4	—	—
Sausage	17	13	4	23.5
Soup Powder	1	1	—	—
Spirits	2	2	—	—
Sugar	48	48	—	—
Sugar Confectionery	10	10	—	—
Sweetened Cocoa Compound	1	1	—	—
Tea	43	42	1	2.3
Vinegar, Malt	2	2	—	—
Vinegar, other than Malt	4	1	3	75.0
Yeast	1	1	—	—
TOTAL FOODS ..	1045	1012	33	3.2

MILK.

572 samples of milk, from schools, roundsmen, institutions and farmers, were examined during the year, and 46 of these failed to comply with the minimum standards of the Ministry of Agriculture and Fisheries, viz., 3.0 per cent of fat and 8.5 per cent of solids-not-fat. Only 18 of these samples were reported as adulterated, that is 3.1 per cent, because it was possible to prove by the freezing point test, or by testing the milk direct from the cows, that the deficiencies of the remaining 28 samples were due to natural causes.

ADULTERATED MILKS.

No.	Formal Informal	Nature of Offence	Observations
106	I	7.1% extraneous water	See samples 108-109
107	I	2.0% " "	
108	F	4.1% " "	
109	F	7.1% " "	
110	I	8% deficient in Milk Fat	Fined £2 and £7 7s. 8d. costs.
223	I	4.5% extraneous water	
229	F	12.8% " "	See sample 229.
352	I	11% deficient in Milk Fat	Prosecution. Case dismissed.
360	I	16% " "	Further samples genuine.
500	I	13% " "	Further samples taken.
547	I	25% " "	School Milks. Caution.
548	I	15% " "	
551	I	25% " "	
552	I	46% " "	
946	I	5% extraneous water	
962	I	5% " "	See samples 967-969.
967	F	8% " "	Fined £6 6s. 0d. and £2 12s. 6d. costs.
969	F	5% " "	

Proceedings were taken against three farmers who were found to be supplying milk, containing extraneous water, to the local dairies. In two cases fines and costs, amounting to £18 6s. 2d., were imposed. In the third case, Sample No. 229 was found to contain 12.8 per cent of extraneous water, but the Magistrates, after hearing the evidence for the defence, were satisfied that the water had not been added by the defendant.

A series of samples, Nos. 500, 547, 548, 551 and 552, were from $\frac{1}{3}$ pint bottles, delivered to various schools in the City, and were found to contain 1.8 to 2.6 per cent of fat, equal to deficiencies of 46 to 13 per cent. Other samples, taken at the same time, were found to be abnormally rich in fat, up to 10 per cent. So that, while some children received partly skimmed milk, others received a mixture of milk and cream. It was obvious that the fault was in the dairy processing, and no question of fraud was involved. Investigation showed that the bulk milk supply to the bottling plant had not been properly mixed, due to a fuse in the electrically heated agitating apparatus, and the fault was immediately rectified.

GENUINE MILKS BELOW THE PRESUMPTIVE STANDARD.

It is now accepted that inadequate feeding, over a long period, may influence the quality of milk, but the breed, indisposition, recent calving and udder troubles are also likely to affect quality. Young cows yield the richest milk, and a herd containing a high proportion of stale, barren cows will inevitably yield milk of a quality below average. Payment for milk on the basis of quality would encourage the producer to manage his herd with some regard to composition as well as quantity.

On average, however, the standard of milk as a whole has been maintained at the quality of previous years, as shown by the following table :

SHOWING THE AVERAGE COMPOSITION OF MILK DURING THE YEAR

Month	Fat	Solids-not-Fat	Total Solids	No. of Samples examined
January	4.04	8.90	12.94	30
February	3.85	8.76	12.61	30
March	3.83	8.83	12.66	45
April	3.67	8.72	12.39	36
May	3.46	8.90	12.36	42
June	3.81	8.88	12.69	23
July	3.69	8.87	12.56	75
August	3.87	8.77	12.64	42
September	4.05	8.80	12.85	54
October	3.94	8.75	12.69	69
November	4.10	8.54	12.64	76
December	3.97	8.54	12.51	58
Average 1946 ..	3.85	8.77	12.62	850
„ 1945 ..	3.75	8.74	12.49	461

These averages should be viewed from the standpoint of the "Sale of Milk Regulations, 1939," which prescribes limits of 3.0% of Fat and 8.5% of Solids-not-Fat.

Of the 28 samples of milk which were reported to be naturally deficient and, therefore, of poor quality but legally genuine, 11 were deficient of milk fat and 17 were deficient of more than 1 per cent of solids-not-fat. One farmer was responsible for all 11 samples deficient of fat. The first three, taken in May, on delivery to a local dairy, were found to have deficiencies amounting to 23%, 21% and 25% respectively. Two days later the cows were milked under the supervision of your Sampling Officer, and four samples were found to be deficient of fat to the extent of 23%, 21%, 20% and 6%. The County Agricultural Organiser was informed of these facts and he advised the farmer of methods by which the quality of the milk could be improved. Further samples of this milk, taken on receipt at the dairy in Portsmouth in August, showed a little improvement in quality but were still deficient of 15%, 13%, 6% and 5% of fat. The County Agricultural Organiser was again informed of the facts.

Seventeen samples of milk were deficient of solids-not-fat (*i.e.*, milk sugar, casein and mineral salts) to the extent of 2 to 4½% of the minimum limit (8.5%). Milk of this quality would result if water in appreciable amounts were added to average Portsmouth milk. However, all these samples had freezing points inside the range given by genuine milk, and consequently they could not be regarded as adulterated. One farmer, who was responsible for six samples of milk deficient of solids-not-fat, exercised his right that an appeal-to-cow sample should be taken. One of the samples, taken when the cows were milked under the supervision of your Sampling Officer, showed a deficiency of 3½% solids-not-fat, indicating that the poor quality was due to the condition of the cows. In all these cases the County Agricultural Organiser was informed, with a view to securing a better quality of milk from these farmers.

DESIGNATED AND HEAT-TREATED MILKS.

Since a scheme for the grading of milk was introduced over twenty years ago, a considerable amount of legislation has been enacted with the object of improving the hygienic quality of the milk supply.

As a result of all this legislation there are now seven different types of milk on sale in Portsmouth, and each must satisfy certain statutory tests which ensure that the milk is clean, free from disease, and has reasonable keeping quality. The various types of milk are as follows:—

Tuberculin Tested.—Consists of raw milk from cows which have passed a tuberculin test and have been certified free from tuberculosis. When bottled at the farm, thereby eliminating the risk of contamination during transportation from farm to dairy, the milk is designated *Tuberculin Tested (Certified)*.

Accredited.—Consists of raw milk from a herd which is clinically examined at regular intervals by a Veterinary Surgeon.

Pasteurised.—Consists of ordinary farm milk heated under carefully controlled conditions for half-an-hour at 145° F. (“Holder process”), or, alternatively, for 15 seconds at 162° F. (“High temperature—short-time process”). When Tuberculin Tested milk is treated by one of these processes it is designated *Tuberculin Tested (Pasteurised)*.

Heat-treated.—Consists of ordinary milk which has been treated in such a way that the enzyme phosphatase is destroyed. The treatment is not so carefully controlled as the Pasteurisation process, and, consequently, the “cream line” of the milk is liable to be affected.

Sterilised.—Consists of homogenised milk heated in the bottle to 210° F., sealed and cooled. Such milk should remain fit for consumption for at least seven days.

All these types of milk are submitted to the Methylene Blue test, which measures the chemical activity of the organisms present in the milk and is,

therefore, a test for its keeping quality. Stale and contaminated milk is rejected by the test, so that the supervision given by this department ensures that the housewife can keep milk in a sweet condition from one delivery to the next, provided that reasonable precautions are taken to avoid a high temperature.

It will be noted that three of the above types of milk (T.T., T.T. (Certified) and Accredited) are raw untreated milk and, in addition to the Methylene Blue test, these milks must satisfy the Coliform test, which is a measure of the cleanliness of the conditions of milking. Coliform organisms are associated with dirt and dung, and failure to pass this test indicates faulty and unclean methods of production.

All the milks submitted to the heat treatment process (*i.e.*, Pasteurised, Heat-treated and Sterilised) must satisfy the Phosphatase test in addition to the Methylene Blue test. The fact that a milk passes the Phosphatase test is proof that the heat treatment has been efficiently carried out, that any pathogenic organisms have been destroyed, and that no raw milk has been subsequently mixed with the processed milk.

The production of each of these types of milk calls for considerable care and skill from the producer and the processing dairyman. All equipment must be thoroughly sterilised, temperatures must be rigidly controlled and bottles and churns must be scrupulously clean. If these conditions are not observed the milk will inevitably fail one or other of the statutory tests.

The following table indicates the results obtained on the 322 samples examined during the year :—

Class of Milk	No. Exmd.	Failed Methylene Blue Test	Failed Phosphatase Test	Failed Coliform Test	Number Satisfactory	% Satisfactory
Pasteurised	89	3	3	—	85	95.5%
School Milk (pasteurised)	121	16	—	—	105	86.7%
Heat-treated	46	—	6	—	40	87.0%
Sterilised	15	—	—	—	15	100.0%
Tuberculin Tested .. (pasteurised)	13	—	—	—	13	100.0%
Tuberculin Tested ..	2	—	—	—	2	100.0%
Tuberculin Tested .. (Certified)	17	—	—	3	14	82.4%
Accredited	19	1	—	1	18	94.7%
TOTAL	322	20	9	4	292	90.6%

All cases of failure have been followed up and your Sampling Officer has shown considerable initiative in investigating the causes. His experience and assistance have been appreciated by the Dairymen, and they, in their turn, have invariably co-operated to find and eliminate the causes of failure.

The production and sale of all these categories of milk, apart from those described as Heat-treated and Sterilised, are subject to license by the Local Authority under the Milk (Special Designations) Orders, 1936-1946. The Ministry of Food issues licenses for Heat-treated and Sterilised milk, and failures of either of these two classes are notified to the Area Milk Officer of that Ministry.

ICE CREAM.

During the summer of 1946, 27 samples of ice-cream, representing the product of 21 different manufacturers, were examined.

Only seven samples contained an adequate amount of fat (6% to 14%) to justify the title "Ice Cream". Eight samples contained less than 1% and seven samples from 1 to 3%, and these would have been more accurately described as "water ice" and "iced custard".

Two samples were contaminated with Zinc to the extent of 125 parts and 110 parts per million respectively. This is excessive and undesirable. On investigation it was found that one manufacturer was "ageing" his mix by allowing it to stand overnight in a galvanised bucket. In the other case, the mix was frozen in a galvanised vessel which was fitted with a rotating paddle, and this paddle was found to scrape traces of the zinc lining from the inside of the vessel. Both manufacturers were cautioned by the Medical Officer of Health.

Bacteriological examination indicated that one half of the samples had been prepared, or stored, under faulty conditions, with inadequate precautions against contamination. In the case of two samples from one small manufacturer, faecal Bact. Coli was found in 0.001 ml., together with other organisms in excess of 10 million per millilitre. The manufacturer closed down to re-organise his methods of production when this was reported.

The fact that five samples were free from coliform organisms in 0.1 ml. and contained less than 100,000 organisms per ml., indicates that with clean production methods, ice-cream of good hygienic quality *can* be manufactured. When all manufacturers use the methods and equipment prescribed by the Ice Cream (Heat treatment, etc.) Regulations, 1947, for the preparation and storage of their products, it is likely that all ice-cream will reach this hygienic standard.

FOOD SAMPLES, OTHER THAN MILK, NOT IN ACCORDANCE WITH STANDARD

No.	Nature of Sample	Formal Informal	Nature of Offence	Observations
34	Golden Raising Pwdr.	I	24% deficient in available Carbon Dioxide.	Same Vendor. Caution.
43	Golden Raising Pwdr.	F	46% deficient in available Carbon Dioxide.	
306	Beef Sausage	F	46.7% deficient in Meat.	Fined £2 with £2 2s. costs.
459	Gooseberry Jam	I	1.5% deficient in soluble solids.	Caution.
512	Pork Sausage	I	5% deficient in Meat	Same Vendor. Caution.
564	Pork Sausage	I	9% deficient in Meat.	
586	Beef Sausage	F	2.5% Meat in excess of maximum permitted.	
601	Ice Cream	I	125 p.p.m. of Zinc.	Caution.
651	Ice Cream	I	110 p.p.m. of Zinc.	Caution.
745	Pudding Mixture	I	Label Offence.	Caution.
824	Non-brewed Vinegar	I	5% defect. in Acetic Acid, also Label Offence.	Same Vendor. Caution.
908	Non-brewed Vinegar	I	Label Offence.	
837	Non-brewed Vinegar	I	Label Offence.	Caution.
1046	Tea	I	False Label.	Caution.
1172	Sponge Mixture	I	Label Offence.	Caution.

GOLDEN RAISING POWDER.

The value of this product lies in the amount of carbon dioxide gas which is given off when moistened with water, and a Ministry of Food Order has enacted that 6% of carbon dioxide is the minimum amount that may be regarded as efficient. Two samples, purchased from the same retailer, were found to be 24% and 46% deficient of the standard, and investigation showed that the packets had been in stock for some time. The deficiencies were probably due to deterioration during storage in a damp atmosphere, and the retailer was cautioned.

SAUSAGE.

A prosecution for a deficiency of 46.7% of meat in sample No. 306, Beef Sausage, resulted in a fine of £2 with £2 2s. 0d. costs.

Two test samples of Sausage Nos. 512 and 564 were supplied by a retailer on different dates, in response to a request for "Pork Sausage", and in each case the price for pork sausage was paid. Analysis showed that the samples contained meat within the range permitted for beef sausage, but were deficient of 5% and 9% of the minimum meat prescribed for pork sausage. At the time (July, 1946) the standard for meat in beef sausage was not less than 42½% and not more than 45%, and for pork sausage, not less than 47½% and not more than 55%. Later, when the Sampling Officer visited the shop to purchase a formal sample, the vendor stated that only beef sausage was available, and this sample was found to contain 47½% meat, which was 2½% above the maximum permitted for beef sausage.

The Ministry of Food Order, which governs the sale of sausages, states that a ticket or label must be displayed to indicate whether the sausages are beef or pork, and on no occasion was such a ticket displayed in this case. The vendor was cautioned by the Medical Officer of Health and the Enforcement Department of the Ministry of Food was notified that some of the retailers of sausages failed to label them in accordance with the Order.

Later in the year (August) the limits for meat in sausage were again amended to a minimum of 50% for both beef and pork.

The addition of soya to sausage has been prohibited since Feb., 1946.

FOOD LABELLING OFFENCES.

A sample of PUDDING MIXTURE was not labelled with a statement of ingredients, as required by the Food Labelling Order. The sample was old stock and the vendor agreed to withdraw it from sale.

Three samples of NON-BREWED VINEGAR also contravened the Food Labelling Order by stating that the ingredients consisted of "Solution of Acetic acid, Caramel, etc." The term "etc." was both superfluous and misleading, since the samples contained nothing more than a solution of acetic acid and caramel. It is possible that the "etc." was intended to indicate water, but that is not permissible unless the water, being the ingredient in greatest quantity, is given as the first ingredient; in any case, the water was already declared by the use of the word "solution". One of these samples was also found to be deficient of 5% of acetic acid, but the repeat sample was satisfactory. The manufacturer of the third sample evidently copied the label of his competitor.

Two samples of MALT VINEGAR were satisfactory. It may be of interest to explain that Non-brewed Vinegar is an inferior product and is synonymous with artificial vinegar. It consists of dilute acetic acid, suitably coloured with burnt sugar. Malt vinegar, on the other hand, being prepared by the fermentation of malt, contains small quantities of aromatic substances, which give it a mild and pleasant flavour in contrast to the harsh flavour of non-brewed vinegar. Malt vinegar is now in short supply, and most of the vinegar on sale is of the non-brewed type. This may explain the popular impression that vinegar is not so good as it used to be.

In the case of the sample of SPONGE MIXTURE, No. 1172, the statement of the ingredients was printed in such a manner (dark brown letters on a dark blue background) that it was almost indecipherable. The Food Labelling Order contains a clause which states that these particulars must be given in a form which is "conspicuous and clearly visible". The Labelling Division of the Ministry of Food was informed and undertook to communicate with the manufacturers.

A sample of TEA was labelled "No Stalk, No Fibre", and analysis showed that 2% of stalk and 9.2% of fibre were present. The packers

explained that the package was an old type, and that there would be no repetition of the offence as the supply was exhausted.

SAMPLES OF DRUGS NOT IN ACCORDANCE WITH STANDARD.

No.	Nature of Sample	Formal Informal	Nature of Offence	Observations
489	Bismuthated Tablets	I	Label Offence.	Caution.
605	Zinc Ointment	I	30% excess Zinc Oxide.	Caution.
764	White Precipitate Ointment.	I	100% excess of Ammoniated Mercury.	Caution.
829	Balsam of Aniseed	I	Label Offence.	Label amended
840	Lime-flavoured Sulphur Tablets.	I	No Lime flavour, also Label Offence.	Caution. Label amended
899	Artificial Raspberry Vinegar	I	22% deficient of stated amount of Acetic Acid.	Repeat sample genuine.
900	Bronchial Mixture	I	Label Offence.	Label amended
923	Corn Remedy	I	Misleading Advertisement.	Ad. amended
955	Ammoniated Tincture of Quinine	I	50% deficient in Ammonia	Same Vendor. Caution.
1113	Ditto	I	22% deficient in Ammonia	
1129	Ditto	F	22% deficient in Ammonia	
1004	White Precipitate Ointment	I	Label Offence.	Pharmaceutical Soc. notified.
1072	Ditto	I	Label Offence.	Ditto

Sample No. 764, WHITE PRECIPITATE OINTMENT, was found to contain 5% of Ammoniated Mercury, and had been prepared from a formula which has had no official recognition for 2½ years. The stock was withdrawn from sale.

White Precipitate Ointment is a poison and is included in Part I of the Poisons List. This means that a qualified Pharmacist is the only person permitted to sell the preparation, and also that certain requirements of the Pharmacy and Poisons Act, 1933, must be observed. Two samples failed to comply with the Act. Sample No. 1004 was labelled in such a manner that the words "White Precipitate Ointment" and the word "Poison" were illegible. Rule 16 of the Poisons Rules requires that these particulars shall be clearly and distinctly set out; an obvious precaution against accidents. This offence was the responsibility of the manufacturer, because the Pharmacist sold the ointment in the same container as he received it. But the Pharmacist also offended by selling the ointment without providing a label to indicate the name and address from which it was sold, as required by Section 18 (i) c. iv of the Pharmacy and Poisons Act. The retailer of sample No. 1072, "White Precipitate Ointment", also contravened in this respect. Both samples contained the correct quantity of Ammoniated Mercury and the label offences were reported to the Pharmaceutical Society.

Sample No. 923, CORN REMEDY, was correctly labelled with the quantitative particulars of the active ingredients, viz., benzocaine, camphor, salicylic acid, iodine, castor oil and collodion. An advertisement relating to this preparation was published in the local press, and this stated that it

contained castor oil, corn aspirin, and iodine. The term "corn aspirin" is misleading; it is not a scientific name and is not a synonym for salicylic acid. The distributors were approached for an explanation, and they stated that they had felt unhappy about the use of the term "corn aspirin", which had its origin in their American branch, and they had already taken steps to omit it from their advertisements. They proved that the offending phrase did not occur in numerous advertisements which appeared in newspapers throughout the country, and undertook to amend the block in use by the Portsmouth press immediately.

Three samples of AMMONIATED TINCTURE OF QUININE were taken from one retailer, and each was found to be deficient of Ammonia, but correct in so far as the Quinine content was concerned. The two informal samples were supplied in bottles fitted with screw caps, and it was found that these caps were incapable of retaining such a volatile substance as Ammonia. The retailer was cautioned.

PHARMACY AND MEDICINES ACT, 1941.

Two samples contravened Section 11 of this Act, which refers to the manner in which substances recommended as medicines shall be labelled.

Unless a preparation recommended as a medicine has the official recognition of the British Pharmacopoeia or the British Pharmaceutical Codex, it must be labelled to disclose the composition or the active ingredients present.

Sample No. 489, BISMUTHATED TABLETS, were sold in a plain paper bag, and had a composition quite different from the official Bismuth Lozenge. The vendor stated that he had bought the tablets in bulk and had used up his stock of labels.

Sample No. 840, LIME FLAVOURED SULPHUR TABLETS, offended in two respects. In the first place the tablets were sold in a carton which gave pictures of lime fruit on the front and back, whereas no lime flavour at all was present in the tablets. In the second place, no statement of the composition was given, although the tablets differed from the official Sulphur Lozenge B.P.C. Investigation showed that the stock was very old, and the manufacturers proved that they were now using a packing which was correctly labelled. All offending stocks were withdrawn from sale.

Section 8 of this Act makes it an offence to take part in the publication of any advertisement calculated to lead to the use of any article for the treatment of certain diseases, one of which is Tuberculosis. A sample of BALSAM OF ANISEED and a sample of BRONCHIAL MIXTURE were reported to contravene this Section. The label on the former sample stated that the mixture was recommended for "coughs, colds, influenza, bronchitis, asthma, whooping cough and *affections of the chest, throat and lungs*". Such a detailed claim, with the unqualified reference to "*affections of the lungs*", raises the question as to what disease does this phrase refer. When the implication

was reported to the manufacturers they stated that they had already re-designed the label to omit the offending phrase, and submitted a specimen label, which was satisfactory.

Sample No. 900, BRONCHIAL MIXTURE, had a label which gave a diagram of the lungs, and added such statements as "Keeps lungs as clear as a bell" and "Instant relief from all coughs". The reference to *all* coughs is a comprehensive claim, and a sufferer with a cough arising from tuberculosis might readily seek relief as a result of this statement, especially when coupled with the diagram and the reference to the lungs. It was found, on investigation, that the manufacturers had already amended the label in a satisfactory manner as a result of representations by another local authority. All stocks of the preparation with the offending labels were withdrawn from sale for re-labelling.

WATER SUPPLY.

During the year the Water Supply was examined each month for bacteriological purity and, without exception, maintained the same high standard as of previous years.

Chemical examinations showed a high degree of organic purity. The average hardness was 15.7 temporary and 5.7 permanent, equal to a total hardness of 21.4, expressed as parts of calcium carbonate per 100,000 parts of water.

The total solid matter of the water was found, on the average, to be 30 parts per 100,000, and an analysis of the solid matter gave the following results :—

Parts per 100,000		Probable Composition	
Calcium as CaO	.. 12.6	Calcium Carbonate	.. 18.6
Magnesium as MgO	.. 0.17	Calcium Sulphate	.. 2.5
Sulphate as SO ₃	.. 1.49	Calcium Chloride	.. 3.0
Chlorine as Cl	.. 1.9	Calcium Nitrate	.. 0.9
Nitrate as NO ₃	.. 1.4	Magnesium Nitrate	.. 0.6
Carbonate as CO ₃	.. 11.6	Sodium Nitrate	.. 0.3
Silica as SiO ₂	.. 1.1	Sodium Silicate	.. 3.3

MISCELLANEOUS SAMPLES.

Twenty-six samples were examined for the Police, twenty-four for Corporation Departments and the remainder of the samples included under this heading were submitted by ratepayers, private persons and industrial concerns.

RAG FLOCK.

All the four samples of Rag Flock which were examined in 1946 complied with the standard of not more than 30 parts of chlorine per 100,000, prescribed by the Rag Flock Regulations, 1912.

For a considerable time Public Health Authorities have felt that the control over Rag Flock has been inadequate and ineffectual ; and the lack of control over all other types of bedding and upholstery filling has been particularly disturbing.

It is of some interest to note that a Departmental Committee appointed by the Ministry of Health in 1938 has at last issued a report on its findings on the control necessary to secure proper cleanliness of rag flock and other materials used in upholstery, bedding and other household furniture.

The main conclusions of the Committee are as follows :—

1. There is a potential danger to public health from the use of dirty filling material.
2. The present chlorine test is not entirely satisfactory and should be replaced by a test which will indicate the amount of dirt present.
3. Premises where rag flock is manufactured and premises where filling of any kind is used for making bedding, upholstery, etc., should be registered by the Local Authority, inspected regularly and samples should be tested at frequent intervals.
4. A system of labelling is suggested, to include both new and second-hand articles of bedding and upholstery, with penalties for giving a false or misleading label.
5. Attention is drawn to the potential danger to children of toys stuffed with unhygienic materials, many of them originating in foreign countries. The filling material of toys should also comply with standards of cleanliness.

In general, the recommendation of the Committee is that the Rag Flock Act should be repealed and a comprehensive measure introduced to give adequate control over the manufacture and use of filling materials.

It is to be hoped that this legislation will not be too long delayed, as the publication of this report rightly shows that the present chlorine test is unsatisfactory, and this would probably prejudice any proceedings for a contravention of the Rag Flock Acts, 1911 and 1928.

FEES.

During the year the number of samples for which a fee was charged was 23, and a total sum of £30 5s. 6d. has been received by the City Treasurer.

